

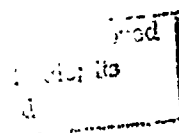
AD704753

E5248

# HumRRO

Reproduced by the  
CLEARINGHOUSE  
for Federal Scientific & Technical  
Information Springfield Va 22151

**The George Washington University  
HUMAN RESOURCES RESEARCH OFFICE  
operating under contract with  
THE DEPARTMENT OF THE ARMY**



829

This material has been prepared for review by appropriate research or military agencies, or to record research information on an interim basis.

The contents do not necessarily reflect the official opinion or policy of either the Human Resources Research Office or the Department of the Army.

The Human Resources Research Office is a nongovernmental agency of The George Washington University, operating under contract with the Department of the Army (DA 44-188-ARO-2). HumRRO's mission, outlined in AR 70-8 is to conduct research in the fields of training, motivation, and leadership.

SUBWORK UNIT II  
WORK UNIT SUPPORT  
INSTRUCTOR'S GUIDE

INSTRUCTOR'S GUIDE

DESCRIPTION OF COURSE AND LESSON OUTLINES FOR:

1. AN INTEGRATED MODIFIED BCT/AIT PROGRAM FOR CONSCIENTIOUS OBJECTORS (COs) IN TRAINING FOR MEDICAL CORPSMEN, MOS 91A10
2. AN AIT PROGRAM FOR ALL MEDICAL CORPSMEN, MOS 91A10
3. A MODIFIED BCT PROGRAM FOR COs (1A0)

by

Joseph S. Ward, Nelson I. Fooks, Richard P. Kern,  
and Robert D. McDonald

February 1969

HumkRO Division No. 3  
(Recruit Training)  
Presidio of Monterey, California 93940

## FOREWORD

As part of Work Unit SUPPORT, research directed toward the Development of Improved Combat Support Training Programs, Sub-Work Unit II dealt with the development of an integrated Modified Basic Training (MBT)/Advanced Individual Training (AIT) course for MOS 91A10 for those Medical Corpsmen who are Conscientious Objectors. This Instructor's Guide supplements a primary product of Sub-Work Unit II of Work Unit SUPPORT, HumRRO Division No. 3, Draft Technical Report "Development and Test of An Integrated Basic Combat/Advanced Individual Training Program for Medical Corpsman (MOS 91A10)" or the formalized report, HumRRO Technical Report of same title, both of which are expected to be published at an early date.

The study was conducted by HumRRO Division No. 3 (Recruit Training) at the Presidio of Monterey, California, and at US Army Medical Training Center (USAMTC), Fort Sam Houston, Texas. Director of Research throughout the duration of the study was Dr. Howard H. McFann.

Military support for the study was provided by the US Army Training Center Human Research Unit, LTC David S. Marshall, Military Chief.

Work Sub-Unit Leader was Dr. Joseph S. Ward. He was assisted by COL Nelson I. Fooks, USA (Ret.), Dr. Richard P. Kern, Dr. Robert McDonald, Dr. Ernest Montague, COL Mark Brennan, USA (Ret.), SP4 Christopher Hungerland, SP4 Jimmy D. Lanier, and SP4 Philip A. Zuchman. Individuals at Fort Sam Houston, who made major contributions to the research were MG Chester A. Dahlen, (Deputy Commanding General, Fourth US Army and Commanding General, Fort Sam Houston, Texas), and the following USAMTC personnel: COL Carl G. Giesecke, (Commanding Officer during the early stages of the research), COL Charles C. Pixley, (Commanding Officer, during the latter and concluding phases of the project), COL Arthur E. Britt, (Executive Officer), COL Anthony W. Urbine, (Director of Training Division), LTC Richard E. Bentley and LTC Sigurd Bue (Assistant Directors of Training Division), Mr. Robert Like, (Chief TV Section), LTC Mary Buss, MAJ Robert L. Miller, MAJ Louis M. Moody, MAJ Irene T. Hauptert, MAJ Charles E. Richardson, CPT Edward E. Travis (Project Officer), 1LT Charles R. Stuart, MSG Billey J. Disbennett, MSG Charles A. Chaplin, SFC Overton O. Slatton, SFC Richard V. Huband, SFC Joseph C. Williamson, SFC Robert A. Falconi, SFC John C. McMahon, SFC John M. Liston, SFC John L. Robinson, SSG Harvie T. Stanford, SP6 Orece Greer; and the following members of the USAMTC Mobile TV Detachment (6444) Tobyhanna Army Depot: 1LT James E. Welch, Mr. Kenneth D. Coburn, Mr. Robert Manley, and SP5 Robert M. Goodman.

HumRRO research is conducted under Army Contract DA 44-188-ARO-2 and Army Project 2J024701A712 01, Training, Motivation and Leadership Research.



## CONTENTS

FOREWORD. . . . .	1
INTRODUCTION. . . . .	1
APPENDIX A: Requirement for HumRRO Research. . . . .	6
APPENDIX B: Master Schedule, Revised Experimental Program, Integrated MBT/AIT Training to Qualify Conscientious Objectors (COs) in MOS 91A . . . . .	7
APPENDIX C: Master Schedule, Proposed Advanced Individual Training Program for All Medical Corpsmen MOS 91A. . . . .	13
APPENDIX D: Master Schedule, Proposed Modified Basic Training Program for Conscientious Objectors (1AO) w/o Prior Service. . . . .	18
APPENDIX E: Lesson Outlines Applicable to Courses in Appendices B, C, and D . . . . .	21

NOTE: Page numbers for Lesson Outlines for each subject (Instruction Presented) are shown in each Master Schedule (Appendices B, C, and D).

## INTRODUCTION

### 1. PURPOSE AND SCOPE

This Instructor's Guide contains the Lesson Outlines, at Army Subject Schedule level, for experimental programs of instruction proposed and reported in HumRRO Division No. 3 Draft Technical Report\* "Development and Test of An Integrated Basic Combat/Advanced Individual Training Program for Medical Corpsmen (MOS 91A10)." The Draft Technical Report and this Instructor's Guide were developed in compliance with the United States Continental Army Command (USCONARC) requirement (See Appendix A) under HumRRO Sub-Work Unit II, Work Unit SUPPORT.

The Lesson Outlines reflect both the development and evaluation of the experimental integrated program, and are applicable to three possible courses of instruction at the US Army Medical Training Center, as follows: The course in Appendix B, "Experimental Program: Integrated MBT/AIT Training to Qualify Conscientious Objectors in MOS 91A, Revised Master Schedule," is designed to supplant the courses for COs taught currently at USAMTC in MBT as prescribed in ATP 21-111, 8 July 1964, and in AIT as prescribed in A Subj Scd 8-910, 30 March 1965.

The course in Appendix C, "Proposed Advanced Individual Program for All Medical Corpsmen, MOS 91A, Revised Master Schedule," is designed to supplant the course taught currently at USAMTC in AIT as prescribed in A Subj Scd 8-910, 30 March 1965. This course would be given to all trainees in event USAMTC does not possess the personnel and plant capabilities for presenting the integrated MBT/AIT program in Appendix B; or for all trainees other than COs in event the Integrated BCT/AIT program in Appendix B is presented to COs.

The course in Appendix D "Proposed Modified Basic Training Program for COs (1A0) w/o Prior Service, Revised Master Schedule," is designed to supplant the course currently taught at USAMTC if the Center does not possess the personnel and plant capabilities for presenting the integrated MBT/AIT program in Appendix B.

---

\*

The substance of the Draft Technical Report is expected to be published in a HumRRO Technical Report at an early date under title of "Development and Test of An Integrated Basic Combat/Advanced Individual Training Program for Medical Corpsmen (MOS 91A10)."

Detailed Lesson Plans (corresponding to Lesson Outlines contained in Appendix E) applicable to these three courses were developed with the close assistance of the instructional staff of the USAMTC; and are available at both the USAMTC and HumRRO Division No. 3 (Recruit Training) Presidio of Monterey, California 93940.

## 2. CONCEPTS

- a. The skills required of Medical Corpsman can be categorized as those performed under supervision (Hospital and Dispensary duties) and those performed without minimal supervision, such as field emergency treatment. The field emergency duties are those involving life and death, and extreme pressures, as to time, urgency, and correctness of techniques. Training in field medical skills should be so thorough that the graduate can perform them to perfection without supervision. A lesser degree of skill is required for duties, normally carried out under supervision.
- b. The duties of Medical Corpsmen are primarily those of "doing." Emphasis should be on learning and practice of the essential skills.
- c. Lecture and conference should be held to an absolute minimum.
- d. Physical training should be job-oriented.
- e. Content must be oriented exclusively to that essential to the Medical Corpsman.
- f. Knowledge of results on correctness of performance are necessary to any teaching situation.
- g. Instruction involving the learning of skills by students should be segmented step-by-step. For each step the demonstration and explanation should be followed immediately by student replication. Further, each step should be simple enough for students to remember all processes through replication of the step.
- h. A uniform product (graduate) is desirable. Uniformity of instruction is essential to uniformity of product.

- i. Training in interrelated skills should employ the "Principle of Functional Context" which is to say:

- (1) A trainee can learn and retain best those new things that he can somehow tie in with something he already knows. This applies to successive steps in learning as well as the initial step.
- (2) Teaching should go:
  - (a) From the familiar to the unfamiliar.
  - (b) From the specific to the general.
  - (c) From the concrete to the abstract.
- (3) Job duties should be taught in relation to the conditions under which they are normally performed.
- (4) Functional identity of the different duty positions should be maintained while at the same time preserving a logical continuity of instruction throughout the training program.

- j. Students must be able to see plainly every detail or a demonstration of a process to be learned. Generally speaking, much of the detail is missed by students beyond the first several rows when demonstrations are performed on a stage or projected on a single motion picture screen. With multiple receivers, TV gives every man a front seat.

### 3. IMPROVEMENTS INCORPORATED IN THE COURSES

- a. Content has been changed to emphasize the essential skills, knowledges, and performances developed in the job analysis.
- b. Instructional material has been arranged in functional context.
- c. Many lectures and "conferences" have been eliminated.
- d. Emphasis has been reoriented toward field emergency skills.
- e. Physical training has been job-oriented.
- f. Considerably more time has been devoted to learning by practice of essential skills.
- g. Instruction in learning of skills has been segmented into consecutive steps leading to practice of the complete skills.

- h. Replications of skills by each trainee have been increased considerably.
- i. For the most part, live demonstrations have been eliminated. In their place, visual instruction has been expanded by use of specially prepared TV tapes oriented specifically to the trainee audience.
- j. Use of TV has increased the amount of detail that can be presented and absorbed.
- k. Standardization of instruction and product has been increased.
- l. Knowledge of results and continuous feedback on correctness of execution have been stressed.
- m. Extensive use has been made of trainees acting as checkers on other trainees' performance.
- n. Appropriate subjects have been reoriented toward the Medical Corpsman's job. In the consolidated MBT/AIT course, training in medical subjects starts in the first week and builds progressively through the entire 16 weeks.

#### 4. INSTRUCTOR REQUIREMENTS

Because of the fluctuations in instructor experience and strength at the USAMTC, no attempt has been made in the Lesson Outlines to indicate the required number of instructors for each period of instruction. A desired goal, however, is at least one instructor per 20 trainees for periods involving the practice of demonstrated skills. On the other hand, a lecture can be handled adequately by one instructor. Whatever the distribution of instructors, every effort should be made to utilize company cadre, acting instructors, and even selected experienced trainees as assistant instructors to assist in supervision of the practice of skills. In periods where TV is employed to demonstrate successive segments of a process, for example the splinting of an arm, an assistant instructor, though not fully prepared before class, has an opportunity to watch each step on TV before practice begins. The steps are short enough for the average man picked as an assistant instructor to become sufficiently familiar with the process to proceed after the TV demonstration with the supervision of trainee practice. The above is not recommended, however, as standard practice. If possible all instructors should study the processes and view the TV taping to be used before class.

5. OBJECTIVES, REFERENCES, TRAINING FACILITIES, INSTRUCTIONAL AIDS AND TRAINEE EQUIPMENT

Lesson objectives, references, and requirements for training facilities, instructional aids, and trainee equipment are stated for each period of instruction in the lesson outline for the period.

6. LESSON OUTLINES

Shown in Appendix E are Lesson Outlines applicable to the three courses:

- a. An Integrated Modified BCT/AIT Program for Conscientious Objectors (COs) in Training for Medical Corpsman, MOS 91A10.
- b. An AIT Program for All Medical Corpsmen, MOS 91A10.
- c. A Modified BCT Program for COs (1A0).

C O P Y

APPENDIX A

HEADQUARTERS  
UNITED STATES CONTINENTAL ARMY COMMAND  
FORT MONROE, VIRGINIA

ATIT-SCH-TRD-TR

26 NOV 1965

SUBJECT: Requirement for HumRRO Research

TO: Chief of Research and Development  
Department of the Army  
Washington, D. C. 20310

1. It is believed that increases in proficiency, and eventually reductions in training time, might result from an integration of Basic Combat and Advanced Individual Training into a unified sequence based on functional context principles. However, the procedures used in assigning trainees preclude the application of this concept on a broad scale in combat arms training. A test of this concept in a training program which is free of the problems of assignment will provide data upon which to base a recommendation to change administrative procedures so that the concept may be more fully utilized.

2. Accordingly, it is requested that HumRRO initiate a study to determine experimentally the effect of a unified BCT-AIT sequence for the Conscientious Objector Basic Training - MOS 91A10 sequence - at Fort Sam Houston, Texas. The following additional guidance is provided:

a. Tests and other measures used in the research should reflect the objectives of both basic and advanced training.

b. Emphasis should be placed upon increasing proficiency rather than reducing training time.

FOR THE COMMANDER:

W. K. STAMEY  
Captain, AGC  
Asst Adj Gen

APPENDIX B

MASTER SCHEDULE,  
REVISED EXPERIMENTAL PROGRAM,  
INTEGRATED MODIFIED BASIC  
TRAINING/ADVANCED  
INDIVIDUAL TRAINING  
TO  
QUALIFY CONSCIENTIOUS OBJECTORS  
IN  
MOS 91A



# APPENDIX B

## Master Schedule, Revised Experimental Program, Integrated MBT/AIT Training to Qualify Conscientious Objectors in MOS 91A

Revised Lesson (Unless Other- ) Plan Numbers & Pg(wise Indicated)	Instruction Presented	Hours	Tot- als
	1. General Military		
	Indoctrination		
099-1-H, Pg 21	a. Achievements & Traditions.	2	
115-1-H; 115-3-H, Pg 25	b. Mil Customs & Courtesies..	4	
A-3-H, Pg 26	c. Character Guidance.....	6	
128-1-H, Pg 27	d. Code of Conduct & Geneva Convention.....	2	
116-1-H thru 116-3-H, Pg 28	e. Military Justice.....	3	
Co Comdr, Pg 29	f. Troop Information.....	5	
105-1-H thru 105-29-H, Pg 30	g. Drill & Ceremonies.....	33	
110-1-H thru 110-20-H, Pg 31	h. Inspections.....	27	82
	2. Army Medical Service		
	Indoctrination		
Comdrs, Pg 32	a. Commanders Orientation....	1	
100-3-H, Pg 33	b. Program Orientation.....	2	
J-1-H, Pg 34	c. Preventive Dentistry.....	1	
119-1-H thru 119-3-H, Pg 36	d. Organization & Functions of AMEDS.....	5	9
	3. Field Support Skills for the Medical Corpsman		
109-1-H; 109-2-H, Pg 42	a. CBN (Indiv Protect. Meas.)	4	
108-1-H; 108-2-H, Pg 45	b. Guard Duty.....	4	
111-1-H, Pg 52	c. Intelligence Training.....	2	
311-1-H thru 311-67-H, Pg 54	d. Phys Tng (Incl Litter/ Man Carries).....	68	
111-9-H, Pg 62	e. Counterinsurgency.....	1	
113-1-H thru 113-8-H, Pg 63	f. Land Navigation.....	25	
123-1-H thru 123-5-H, Pg 67	g. Communications.....	9	
200-1-H, Pg 80	h. Infiltration Course.....	3	
117-1-H thru 117-7-H, Pg 81	i. Individual Tactical Trng..	13	
110-21-H; 112-1-H thru 112-9-H, Pg 113; 106	j. Marches & Bivouacs.....	27	
117-8-H thru 117-11-H, Pg 145	k. Survival, Evasion & Escape	10	
114-3-H, Pg 160	l. Medical Service Tentage...	6	
301-1-H thru 301-5-H;	m. Military Sanitation & Prevention of Disease.....	14	
301-7-H thru 301-10-H, Pg 164	n. Unarmed Defense.....	8	
118-1-H thru 118-4-H, Pg 190	o. Litter Obstacle Course (Day & Night).....	4	
311-76-H; 311-77-H, Pg 203	p. Patrolling.....	5	
117-12-H, Pg 210	q. Civic Actions & Handling of POWs or Other Detained Persons.....	2	
120-1-H, Pg 216	r. Rotary Wing Aircraft & Support.....	2	207
120-2-H, Pg 221			

# APPENDIX B

## Master Schedule, Revised Experimental Program, Integrated MBT/AIT Training to Qualify Conscientious Objectors in MOS 91A (Contd)

Revised Lesson Plan Numbers & Pg	Instruction Presented	Hours	Totals
	4.. Technical Training: Phase 1 - Basic Skills of the Company Aidman		
300-1-H thru 300-5-H, Pg 224 304-1-H; 304-2-H, Pg 238	a. Anatomy & Physiology..... 8 b. Intro to Mil Emerg Med Treatment..... 2		
304-8-1-H thru 304-8-6-H, Pg 243	c. Basic Emergency Treatment Techniques: 1) Assisting Breathing & Heart Action..... 10		
304-3-1-H thru 304-3-7-H, Pg 270	2) Control of External Hemorrhage..... 13		
304-20-1-H thru 304-20-8-H; 304-21-1-H; 304-21-3-H; 304-21-5-H, Pg 307	3) Immobilization of Injured Parts & Pre- vention of Shock..... 27		
304-11-H thru 304-13-H , Pg 376	4) Securing & Protecting Sterile Dressings..... 5		
306-1-H; 315-1-H thru 315-5-H & 304-14-H, Pg 387	d. Application of Basic Techniques to Treatment of Casualties, PE, and Field Medical Card..... 24		89
	5. Field Treatment of Special Types of Casualties & Phase 1 Prof Test		
315-6-H, Pg 418	a. Emerg Treatment of Burn Casualties..... 3		
315-7-H, Pg 423	b. Emerg Treatment of CBN Casualties..... 3		
304-33-H, Pg 431	c. Emerg Treatment of Snake, Animal & Insect Bites..... 2		
304-34-H, Pg 434	d. Emerg Treatment of Heat & Cold Injuries..... 2		
304-35-H, Pg 436	e. Combat Exhaustion..... 2		
304-36-H, Pg 438	f. PE: Prof Test for Phase 1..... 4		16
	6. Technical Training: Phase 2 - Basic Skills of the Evacuation Aidman		
315-11-H thru 315-13-H, Pg 444	a. Lifting & Positioning of the Casualty on the Litter 5		
311-78-H, Pg 456	b. Preparation & Use of the Litter; Dressing Litters & Preparing Improvised Litters..... 2		

# APPENDIX B

## Master Schedule, Revised Experimental Program, Integrated MBT/AIT Training to Qualify Conscientious Objectors in MOS 91A (Contd)

Revised Lesson Plan Numbers & Pg	Instruction Presented	Hours	Totals
315-14-H, Pg 458	c. Review PE: Application of Army Leg Splint.....	2	
315-15-H, Pg 460	d. Determining Evacuation Priority & Need for Evacuation.....	4	
315-16-H thru 315-18-H, Pg 464	e. PE: Prep of Casualties for Evac from the Battlefield.....	10	
311-79-H, Pg 480	f. Conversion of Mil Vehicles to Casualty Carriers.....	2	
311-81-H; 311-82-H, Pg 483	g. Removal of Injured from Vehicles.....	6	
311-80-H, Pg 488	h. River Crossing (Combat Evacuation) Exercise.....	3	
315-19-H; 315-20-H, Pg 492	i. Treatment of Casualties & Prep. for Evac. Under Limited Visib. Cond.....	6	40
	7. Technical Training: Phase 3 - Basic Skills and Duties of the Aidman		
325-1-H, Pg 498	a. Dispensary/Bn Aid Station Medical Functions & Duties of the Aidman.....	1	
307-1-H thru 307-5-H, Pg 501	b. Introduction to Pharmacy and Common Drugs.....	6	
325-15-H thru 325-19-H; 301-6-H, Pg 513	c. Common Medical Disorders & Complaints.....	7	
325-2-H, Pg 529	d. Temperature, Pulse & Respiration.....	4	
325-3-H, Pg 537	e. Blood Pressure.....	4	
325-14-H, Pg 542	f. Diagnostic Tests.....	2	
325-15, Pg 546	g. Sterile Technique.....	4	
325-24, Pg 555	h. Surgical Dressings I.....	2	
325-23, Pg 560	i. Methods of Sterilization & Disinfection.....	4	
325-7-H, Pg 571	j. Subcutaneous Injections...	2	
325-8-H, Pg 575	k. Intramuscular Injections..	2	
325-9-H, Pg 578	l. Intradermal Injections....	2	
325-12-H, Pg 581	m. Army Immunization Program.	1	
325-13-H, Pg 583	n. Smallpox Vaccination.....	2	
325-11-H, Pg 588	o. Intravenous Therapy including Blood Transfusion.	4	
325-10-H, Pg 595	p. Venipuncture.....	2	
325-55-H; 325-56-H, Pg 600	q. Advanced Med Procedures...	6	
325-20-H, Pg 613	r. Emerg Resuscitative Equip.	2	
325-21-H, Pg 617	s. Emergency Birth.....	2	
325-54-H, Pg 621	t. Field Autoclave.....	2	
325-22-H, Pg 624	u. Prof Test - Basic Patient Care.....	4	65

# APPENDIX B

## Master Schedule, Revised Experimental Program, Integrated MBT/AIT Training to Qualify Conscientious Objectors in MOS 91A (Contd)

Revised Lesson Plan Numbers & Pg	Instruction Presented	Hours	Totals
	8. Technical Training: Phase 4 - Basic Ward Skills for the Medical Corpsman		
	a. Basic Ward Procedures		
325-53-H, Pg 630	1) The Patient & The Medical Service Team...	1	
325-54-H, Pg 632	2) Introduction to Ward Duties.....	1	
325-24-H, Pg 634	3) Basic Ward Orientation.	2	
325-25-H, Pg 637	4) Preparation of the Unit for Reception of the Patient.....	1	
325-3, Pg 640	5) Cleanliness for the Patient's Safety.....	1	6
	b. Ward Treatment Procedures I		
325-26-H, Pg 644	1) Positioning of the Patient.....	2	
325-27-H, Pg 648	2) Patient's Bed Bath.....	1	
325-28-H, Pg 651	3) Bed Bath & Occupied Bed (PE).....	4	
325-29-H, Pg 656	4) Administration of Enemas.....	2	
325-30-H, Pg 660	5) Hot & Cold Applications	2	
325-34-H, Pg 664	6) Hospital Diets.....	1	
325-35-H, Pg 666	7) Fluid Balance Records..	1	
325-37-H, Pg 669	8) Observation of the Patient.....	2	
325-32-H, Pg 672	9) Integrated Ward Session I	4	
325-33-H, Pg 678	10) Prof. Test: Adv. Patient Care I.....	4	
325-23-H, Pg 688	11) The Army Medical Svc....	2	25
	c. Ward Treatment Procedures II		
325-25, Pg 691	1) Surgical Dressings II..	2	
325-36-H, Pg 699	2) EENT Procedures.....	2	
325-38-H, Pg 702	3) Intro to Communicable Diseases.....	2	
325-39-H, Pg 705	4) Intro to Isolation Technique.....	4	
325-40-H, Pg 712	5) Admin of Oral Medications.....	2	
325-41-H, Pg 721	6) Sterile Glove Technique	1	
325-42-H, Pg 724	7) Catheterization (Male).	2	
325-45-H, Pg 728	8) Gastrointestinal Intu- bation & Suction.....	2	
325-46-H, Pg 735	9) Special Suction.....	2	
325-47-H, Pg 740	10) Oxygen Therapy.....	2	

# APPENDIX B

## Master Schedule, Revised Experimental Program, Integrated MBT/AIT Training to Qualify Conscientious Objectors in MOS 91A (Contd)

Revised Lesson (Unless Other- ) Plan Numbers & Pg (wise Indicated)	Instruction Presented	Hours	Totals
325-48-H, Pg 743	11) Care of the Ortho- pedic Patient.....	1	
325-49-H, Pg 747	12) Turning Frames.....	2	
325-50-H, Pg 751	13) Care of the Pediatric Patient.....	2	
325-51-H, Pg 754	14) Pre and Postoperative Care.....	2	
325-52-H, Pg 757	15) Integrated Ward Session II.....	4	
325-44-H, Pg 761	16) Prof Test: Adv Patient Care II.....	4	36
9. Program Administration			
Co Comdr, Pg 770	a. Commanders Time.....	60	
121-14-H; GW-6; GW-7; GW-8, Pg 793;	b. Proficiency Testing.....	28	
Co Comdr, Pg 794	c. Administrative Processing.	29	
102-1-H, Pg 795	d. Graduation.....	2	119
10. Field Exercise			
305-1-H (J-11-3), Pg 796	Medical Treatment, Evacuation & Nursing Exercise.....	10	10
GRAND TOTAL HOURS			704

APPENDIX C

MASTER SCHEDULE,  
PROPOSED  
ADVANCED INDIVIDUAL  
TRAINING PROGRAM  
FOR ALL  
MEDICAL CORPSMEN,  
MOS 91A

# APPENDIX C

## Master Schedule - Proposed Advanced Individual Training Program For All Medical Corpsmen, MOS 91A\*

Revised Lesson (Unless Other- ) Plan Numbers & (wise Indicated)	Instruction Presented	Hours	Totals
	1. General Military		
	Indoctrination		
A-3-H, Pg 26	a. Character Guidance.....	2	
Co Comdr, Pg 29	b. Troop Information.....	4	
105-21-H thru 105-29-H, Pg 30	c. Drill & Ceremonies.....	10	
110-11-H thru 110-20-H, Pg 31	d. Inspections.....	10	26
	2. Army Medical Service		
	Indoctrination		
Comdrs, Pg 32	a. Commanders Orientation....	1	
100-3-H, Pg 33	b. Program Orientation.....	1	
J-1, Pg 34	c. Preventive Dentistry.....	1	
Not included (USAMTC LP)	d. Interpersonal Relations...	1	
119-1-H; 119-2-H; 325-23-H, Pg 36	e. Organization & Functions of AMEDS.....	5	9
	3. Field Support Skills for the Medical Corpsman		
**311-1-H thru 311-67-H, Pg 54	a. Phys Tng (Incl Litter/Man Carries).....	45	
114-3-H, Pg 160	b. Medical Svc Tentage.....	6	
301-1-H thru 301-5-H;	c. Military Sanitation & Prevention of Disease.....	14	
301-7-H thru 301-10-H, Pg 164	d. Litter Obstacle Crs (Day & Night).....	4	69
311-76-H; 311-77-H, Pg 203	4. Technical Training: Phase 1 - Basic Skills of the Company Aidman		
300-1-H thru 300-5-H, Pg 224	a. Anatomy & Physiology.....	8	
304-1-H; 304-2-H, Pg 238	b. Intro to Mil Emerg Med Treatment.....	2	
	c. Basic Emerg Treatment Techniques:		
304-8-1-H thru 304-8-6-H, Pg 243	1) Assisting Breathing & Heart Action.....	10	
304-3-1-H thru 304-3-7-H, Pg 270	2) Control of External Hemorrhage.....	13	
304-20-1-H thru 304-20-8-H;	3) Immobilization of Injured Parts and Prevention of Shock....	27	
304-21-1-H; 304-21-3-H thru 304-21-5-H, Pg 307	4) Securing & Protecting Sterile Dressings.....	5	
304-11-H thru 304-13-H, Pg 376			

\* This program is recommended for use at USAMEDTC in the event that the Center does not possess the capability of presenting an integrated BCT/AIT program.

\*\* In order to conform to P.T. background of trainees entering AIT, Litter Drill, Man Carries and Loadings will be carried out in accordance with appropriate portions of LPs 1-45 while Army Drills and Runs will be carried out in accordance with LPs 26-67 respectively.

# APPENDIX C

## Master Schedule - Proposed Advanced Individual Training Program For All Medical Corpsmen, MOS 91A (Contd)

Revised Lesson Plan Numbers & Pg	Instruction Presented	Hours	Totals
306-1-H; 304-14-H 315-1-H thru 315-5-H, Pg 387	d. Application of Basic Techniques to Treatment of Casualties, PE and Field Medical Card.....	24	89
	5. Field Treatment of Spe- cial Types of Casualties & Phase 1 Prof Test		
315-6-H, Pg 418	a. Emerg Treatment of Burn Casualties.....	3	
315-7-H, Pg 423	b. Emerg Treatment of CBN Casualties.....	3	
304-33-H, Pg 431	c. Emerg Treatment of Snake, Animal & Insect Bites.....	2	
304-34-H, Pg 434	d. Emerg Treatment of Heat & Cold Injuries.....	2	
304-35-H, Pg 436	e. Combat Exhaustion.....	2	
304-36-H, Pg 438	f. PE: Prof Test for Phase I.....	4	16
	6. Technical Training: Phase 2 - Basic Skills of the Evacuation Aidman		
315-11-H thru 315-13-H, Pg 444	a. Lifting & Positioning of the Casualty on the Litter	5	
311-78-H, Pg 456	b. Preparation & Use of the Litter; Dressing Litters & Preparing Improvised Litters.....	2	
315-14-H, Pg 458	c. Review PE: Application of Army Leg Splint.....	2	
315-15-H, Pg 460	d. Determining Evacuation Priority & Need for Evacuation.....	4	
315-16-H thru 315-18-H, Pg 464	e. PE: Prep of Casualties for Evac from the Battlefield.	10	
311-79-H, Pg 480	f. Conversion of Mil Vehicles to Casualty Carriers.....	2	
311-81-H; 311-82-H, Pg 483	g. Removal of Injured from Vehicles.....	2	
311-80-H, Pg 488	h. River Crossing Exercise...	3	30
	7. Technical Training: Phase 3 - Basic Skills and Duties of the Aidman		
325-1-H, Pg 498	a. Dispensary/Bn Aid Station Medical Functions & Duties of the Aidman.....	1	
307-1-H thru 307-5-H, Pg 501	b. Introduction to Pharmacy & Common Drugs.....	6	



# APPENDIX C

## Master Schedule - Proposed Advanced Individual Training Program For All Medical Corpsmen, MOS 91A (Contd)

Revised Lesson Plan Numbers & Pg	Instruction Presented	Hours	Totals
325-15-H thru 325-19-H; 301-6-H, Pg 513	c. Common Medical Disorders and Complaints.....	7	
325-2-H, Pg 529	d. Temperature, Pulse & Respiration.....	4	
325-3-H, Pg 537	e. Blood Pressure.....	4	
325-14-H, Pg 542	f. Diagnostic Tests.....	2	
325-15, Pg 546	g. Sterile Technique.....	4	
325-24, Pg 555	h. Surgical Dressings I.....	2	
325-23, Pg 560	i. Methods of Sterilization & Disinfection.....	4	
325-7-H, Pg 571	j. Subcutaneous Injections...	2	
325-8-H, Pg 575	k. Intramuscular Injections..	2	
325-9-H, Pg 578	l. Intradermal Injections....	2	
325-12-H, Pg 581	m. Army Immunization Program.	1	
325-13-H, Pg 583	n. Smallpox Vaccination.....	2	
325-11-H, Pg 588	o. Intravenous Therapy in- cluding Blood Transfusion.	4	
325-10-H, Pg 595	p. Venipuncture.....	2	
325-20-H, Pg 613	q. Emergency Resuscitative Equipment.....	2	
325-21-H, Pg 617	r. Emergency Birth.....	2	
325-54-H, Pg 621	s. Field Autoclave.....	2	
325-22-H, Pg 624	t. Proficiency Test - Basic Patient Care.....	4	59
	8. Technical Training: Phase 4 - Basic Ward Skills for the Medical Corpsman		
	a. Basic Ward Procedures:		
325-24-H, Pg 634	1) Basic Ward Orientation.	2	
325-25-H, Pg 637	2) Preparation of the Unit for Reception of the Patient.....	3	
325-3, Pg 640	3) Cleanliness for Patients' Safety.....	1	6
	b. Ward Treatment Procedures I		
325-26-H, Pg 644	1) Positioning of the Patient.....	2	
325-27-H, Pg 648	2) Patient's Bed Bath.....	2	
325-28-H, Pg 651	3) Bed Bath & Occupied Bed (PE).....	4	
325-29-H, Pg 656	4) Administration of Enemas.....	2	
325-30-H, Pg 660	5) Hot & Cold Applications	2	
325-34-H, Pg 664	6) Hospital Diets.....	1	
325-35-H, Pg 666	7) Fluid Balance Records..	1	
325-37-H, Pg 669	8) Observation of the Patient.....	2	
325-33-H, Pg 678	9) Prof Test: Adv Patient Care I.....	8	24

# APPENDIX C

## Master Schedule - Proposed Advanced Individual Training Program For All Medical Corpsmen, MOS 91A (Contd)

Revised Lesson (Unless Other- ) Plan Numbers & Pg (wise Indicated)	Instruction Presented	Hours	Totals
	c. Ward Treatment		
	Procedures II		
325-25, Pg 691	1) Surgical Dressings II..	2	
325-36-H, Pg 699	2) EENT Procedures.....	2	
325-38-H, Pg 702	3) Intro to Communicable Diseases.....	2	
325-39-H, Pg 705	4) Intro to Isolation Technique.....	4	
325-40-H, Pg 712	5) Admin of Oral Medications.....	2	
325-41-H, Pg 721	6) Sterile Glove Technique	1	
325-42-H, Pg 724	7) Catheterization (Male).	2	
325-45-H, Pg 728	8) Gastrointestinal Intub & Suction.....	2	
325-46-H, Pg 735	9) Special Suction.....	2	
325-47-H, Pg 740	10) Oxygen Therapy.....	2	
325-48-H, Pg 745	11) Care of the Orthopedic Patient.....	2	
325-49-H, Pg 747	12) Turning Frames.....	2	
325-50-H, Pg 751	13) Care of the Pediatric Patient.....	2	
325-51-H, Pg 754	14) Pre and Postoperative Care.....	2	
325-44-H, Pg 761	15) Prof Test: Adv Patient Care II.....	8	37
	9. Program Administration		
Co Comdr, Pg 770	a. Commanders Time.....	29	
121-14-H; GW-6; GW-7; GW-8; 325-22-H, Pg 793; 771	b. Proficiency Testing.....	20	
Co Comdr, Pg 794	c. Administrative Processing.	14	
102-1-H, Pg 795	d. Graduation.....	2	65
	10. Field Exercise		
305-1-H (J-11-3), Pg 796	Medical Treatment, Evacuation & Nursing Exercise.....	10	10
			440

APPENDIX D

MASTER SCHEDULE,  
PROPOSED  
MODIFIED BASIC  
INDIVIDUAL TRAINING  
PROGRAM  
FOR  
CONSCIENTIOUS OBJECTORS (1-A-0)  
WITHOUT  
PRIOR SERVICE

# APPENDIX D

## Master Schedule - Proposed Modified Basic Training Program for Conscientious Objectors (1-A-0) w/o Prior Service\*

Revised Lesson (Unless Other- ) Plan Numbers & Pg(wise Indicated)	Instruction Presented	Hours	Totals
	1. General Military Indoctrination		
099-1-H, Pg 21	a. Achievements & Traditions.....	2	
115-1-H; 115-3-H, Pg 25	b. Mil Customs & Courtesies..	3	
A-3-H, Pg 26	c. Character Guidance.....	4	
128-1-H, Pg 27	d. Code of Conduct & Geneva Convention.....	2	
116-1-H thru 116-3-H, Pg 28	e. Military Justice.....	3	
Co Comdr, Pg 29	f. Troop Information.....	1	
105-1-H thru 105-22-H, Pg 30	g. Drill & Ceremonies.....	22	
110-1-H thru 110-20-H, Pg 31	h. Inspections.....	18	55
	2. Field Support Skills for the Medical Corpsman		
A Subj Scd 21-4	a. First Aid.....	8	
109-1-H thru 109-2-H, Pg 42	b. CBR (Indiv. Protective Measures).....	4	
108-1-H; 108-2-H, Pg 45	c. Guard Duty.....	4	
111-1-H, Pg 52	d. Intelligence Training.....	2	
311-1-H thru 311-25-H, Pg 54	e. Phys Tng (Incl Man Carries).....	25	
111-9-H, Pg 62	f. Counterinsurgency.....	1	
113-1-H thru 113-8-H, Pg 63	g. Land Navigation.....	25	
123-1-H thru 123-5-H, Pg 67	h. Communications.....	9	
200-1-H, Pg 80	i. Infiltration Course.....	3	
117-1-H thru 117-7-H-A, Pg 81	j. Individual Tactical Tng**.	19	
A Subj Scd 21-3	k. Field Sanitation & Personal Hygiene.....	2	
110-21-H; 112-1-H thru 112-9-H, Pg 113; 106	l. Marches & Bivouacs.....	27	
117-8-H thru 117-11-H, Pg 145	m. Survival, Evasion & Escape	10	
118-1-H thru 118-4-H, Pg 190	n. Unarmed Defense.....	8	
117-12-H, Pg 210	o. Patrolling (Ambush & Counter Ambush).....	5	
120-1-H, Pg 216	p. Civic Action & Handling of POWs & Other Detained Persons.....	2	
120-2-H, Pg 221	q. Rotary Wing Aircraft Control & Support.....	2	156
	3. Program Administration		
Co Comdr, Pg 770	a. Commanders Time.....	20	
FM 21-20	b. Proficiency Testing.....	10	
Co Comdr, Pg 794	c. Administrative Processing.	23	53
GRAND TOTAL HOURS			264

\* This program is recommended for use at The USAMEDTC in the event Modified BCT is given to COs separately from AIT.

\*\* Includes 4 hours Field Fortifications and 4 hours Guerrilla and Anti-guerrilla Operations.

## APPENDIX E

### LESSON OUTLINES APPLICABLE

TO

1. An Integrated Modified BCT/AIT Program for Conscientious Objectors (COs) in Training For Medical Corpsman MOS 91A10 (Index and Master Schedule shown in Appendix B).
2. An AIT Program For All Medical Corpsmen MOS 91A10 (Index and Master Schedule shown in Appendix C).
3. A Modified BCT Program For Conscientious Objectors, 1A0 (Index and Master Schedule shown in Appendix D).

## APPENDIX (APP) E, LESSON OUTLINES (LOs)

### Lesson Outlines, Revised Experimental Program, Integrated MBT/ALT Training to Qualify Conscientious Objectors in MOS 91A.

#### 1. General Military Indoctrination (82 hrs)

##### a. Achievements and Traditions (2 hrs)

##### (1) Period 1 (1 hr): History of the Army from Colonial America to World War I (LP 099-1-H)

##### (a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

##### (b) Instructional Aids and Equipment:

TVR 701.

##### (c) Trainee Equipment Requirements:

As specified by Unit SOP.

##### (d) References:

FM 21-13; A Subj Scd 21-39.

##### (e) Training Objectives:

The trainee will know the fighting qualities of the Army and the important role that the non-combatant soldier plays in the accomplishment of the mission of the U.S. Army. He will know that his rights and privileges are protected by the U.S. Army and the sister services. He will develop pride in the Army, esprit de corps, and a high sense of duty, purpose and achievement, insofar as knowledge of the Army's accomplishments

from Colonial America to World War I can contribute.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVR 701, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Summarize American military experience in Colonial America. Outline the Revolutionary War, War of 1812, Mexican War, War between the States, Spanish-American War and the Philippine Insurrection and up to World War I. As each is outlined, cite a small unit action to emphasize the fighting qualities of the Army. Emphasize role that the non-combatant soldier plays in the accomplishment of the mission of the U.S. Army. CONARC TVR 701 will be used.

(2) Period 2 (1 hr): History of the Army from World War I to Present Time (LP 099-1-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TVR 702.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-13; A Subj Scd 21-39; Army Information Digest, September 1963.

(e) Training Objectives:

The trainee will develop pride in the Army, esprit de corps, and a high sense of duty, purpose and achievement insofar as knowledge of the Army's accomplishments from World War I to present day can contribute.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVR 702, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Summarize military experience of World War I, World War II, the Korean War, the Viet Nam War, and present day Army responsibilities. Emphasize



APP E, LOs (Cont'd)

growth of world-wide responsibilities of the  
Nation and the Army, stress role of Army in  
Viet Nam, not only in the fighting role but in  
the pacification role as well.

b. Military Customs and Courtesies (4 hrs) (LP: 115-1-H; 115-3-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TVR 703 and 704.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

A Subj Scds 21-14 and 8-910; AR 600-25, para 3;

FM 21-13, pages 129, 139, 152; FM 22-5, para 22.

(5) Training Objectives:

The trainee will know the meaning of and necessity for military courtesies, when, where, why and how he renders courtesies.

He will perform properly the appropriate courtesies prescribed in periods 1-3, A Subj Scd 21-14.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture

NOTE: If TV facilities are available, instructors review TV Tape TVR 703, 704, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Follow Lesson Outline A Subj Scd 21-14, except that immediately following demonstration and discussion of each courtesy, individuals will practice the courtesies in pairs correcting each other while instructors make necessary corrections. Skits and other demonstrations will be employed.

c. Character Guidance (6 hrs) (LP A-3-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TVR 706 and 707.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

DA Pams 16-5, 16-6, 16-7, 16-8, 16-9, and 16-10;

AR 600-30; FM 21-13; TFs 16-3068.

(5) Training Objectives:

Trainee will acquire all of the knowledges and participate

in and contribute to discussions prescribed in para 16a(3)

ATP 21-111 and para 7a (5) A Subj Scd 8-910.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tapes TVR 706, 707, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Follow para 16(3) ATP 21-111 and para 7a A Subj Scd 8-910.

d. Code of Conduct and Geneva Convention (2 hrs) (LP 128-1-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TVR 709.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 27-10; A Subj Scds 21-12 and 21-15; AR 350-30.

(5) Training Objectives:

Trainee will acquire all of the knowledges prescribed in  
Sect III, Lesson Outline, A Subj Scd 21-15 and ATP 21-111.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVR 709,  
show it in appropriate sequence, and adjust the remainder of the  
instruction accordingly.

Follow Par 16a, ATP 21-111.

e. Military Justice (3 hrs) (LPs 116-1-H through 116-3-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TVR 710.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

A Subj Scd 21-10; Manual for Courts Martial, US, 1951;

Uniform Code of Military Justice; and DA Pam 27-10;

TFs 15-1920, 15-1946, 15-1950, 15-1961, 15-1967, 15-2358.

(5) Training Objectives:

Trainee will acquire all of the knowledges prescribed in Lesson Objectives for the three periods, Sect III, Lesson Outline for Military Justice Course B, A Subj Scd 21-10.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVR 710, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Follow Lesson Outline Military Justice Course B, A Subj Scd 21-10.

f. Troop Information (5 hrs) (Company Commander is responsible for Lesson Plans)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

None.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

AR 360-81; DA Pam 360-212, 355-18; AFIF 1, 98, 119; DA Pam Series: Democracy vs Communism.

(5) Training Objectives:

Trainee will acquire all of the knowledges prescribed in para 16a (6) ATP 21-111 and all knowledges prescribed under "Learning Objectives" (4 periods) in 7b A Subj Scd 8-910.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture

Follow guidance in par 16a(6) ATP 21-114 (1 hr).

Follow Lesson Outline par 7b A Subj Scd 8-910.

g. Drills and Ceremonies (33 hrs) (LPs 105-1-H through 105-29-H)

(1) Training Facility Requirements:

For periods employing TVRs, a classroom, adjacent to a drill field; parade ground for ceremonies.

(2) Instructional Aids and Equipment:

TVRs 713, 714, 715 and 716.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

A Subj Scds 21-2 and 8-910; FM 22-5.

(5) Training Objectives:

Trainee will acquire the knowledges prescribed in A Subj Scd 21-2 with the exception of those entailing individual arms.

Trainee will acquire the skills prescribed in A Subj Scd 21-2 with the exception of those entailing individual arms.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tapes

TVR 713 through 716, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Follow guidance in Sect III, Lesson Outlines A Subj Scd 21-2 except that Periods 6, 7, 8, 9, and 10 are to be omitted and periods scheduled for more than 1 hour will be broken into 1 hour attendances.

h. Inspections (27 hrs) (LPs 110-1-H through 110-20-H)

(1) Training Facility Requirements:

Barracks and area adjacent to barracks.

(2) Instructional Aids and Equipment:

None.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FMs 21-5, 21-10, 21-12, 21-15, 22-5; A Subj Scds 21-17 and 21-111.

(5) Training Objectives:

Trainee will acquire the knowledges and skills prescribed in A Subj Scd 21-17 except those involving individual arms; and will acquire the knowledges and skills prescribed in par 7f, A Subj Scd 8-910 except that learning objectives of inspections instruction will include field cleanliness and maintenance, exchange and upkeep of equipment in the field.

(6) Lesson Outline:

NOTE: Instructional Method: Practical Exercise

(a) Follow generally guidance in A Subj Scd 21-17 omitting instruction w/arms and inspections in ranks with arms, for a foundation for inspections (18 hrs).

(b) Follow par 7f, A Subj Scd 8-910 except that approximately half of instructions and inspections will be oriented toward the field. (9 hrs).



2. Army Medical Service Indoctrination

a. Commander's Orientation (1 hr)

(Lesson Plan to be produced by the Commanding Officer of the Medical Training Center.)

(1) Training Facility Requirements:

Classroom or theatre.

(2) Instructional Aids and Equipment:

As directed by Commanding Officer, US Army Medical Training Center.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

None.

(5) Training Objectives:

Trainees will understand their obligations for conduct, their relationships to unit and higher commanders, and administrative requirements under which they will live at the Training Center.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture

As determined by the Commanding Officer, US Army Medical Training Center, he or his representative and commanders in chain of command under him will conduct an administrative orientation.

b. Program Orientation (2 hrs) (LP 100-3-H)

(1) Training Facility Requirements:

Classroom or theatre.

(2) Instructional Aids and Equipment:

As directed by Commanding Officer, Medical Training Center.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

None.

(5) Training Objectives:

Trainees will have an overview of the course of instruction, they will pursue the academic and performance requirements, and instructional controls placed on them.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

The Commanding Officer, US Army Medical Training Center or his representative, usually the Training Director prepare and present the Orientation.

c. Preventive Dentistry (1 hr): (LP J-1-H)

(1) Training Facility Requirements:

Theatre-type classroom equipped w/110 volt outlets.

(2) Instructional Aids and Equipment:

Lecturn, Voice Aid 500.

Projector, Film Strip PH 222 (C).

Pointer, IBA Mod. 2 LECIA (Non-standard)

Locally produced slides or TV tape.

Screen projection.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TB MED 5.

(5) Training Objectives:

(a) Trainees will know:

1 Dental diseases as Medical Corps is trying to prevent.

2 Causes and effects of dental diseases.

3 Methods of combating dental disease.

4 The part the dental profession and they are aidmen,  
play in a preventive role.

NOTE: Instructional Method: Lecture.

(6) Lesson Outline:

(a) Discuss diseases that the US Dental Corps is trying to  
prevent (10 min).

(b) Discuss causes and effects of dental diseases.

APP E, LOs (Cont'd)

- (c) Explain periodontal diseases (10 min).
- (d) Explain preventive measures that can be taken by the individual (10 min).
- (e) Summarize the lesson (10 min).

d. Organization and Functions of Army Medical Personnel (5 hrs)

(1) Period 1 (1 hr) Unit Level Medical Service, (LP 119-1-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TVA 119-3.

Chalkboard, chalk and eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 8-5, 8-10, 8-5.

(e) Training Objectives:

- 1 Trainee will know that unit medical service is normally provided by medical platoons or sections.
- 2 Trainee will know that the unit aidman is usually the first to see and treat the sick and wounded.
- 3 Trainee will know that the aidman's principal combat duties are battlefield recovery and emergency medical treatment of the sick and wounded.
- 4 Trainee will know that the duties of medical enlisted personnel are basically the same regardless of the unit he supports.
- 5 Trainee will know that the casualties with minor injuries will be treated and returned to duty as directed by the medical officer.

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVA 119-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(f) Lesson Outline:

- 1 Explain unit level medical service (5 min).
- 2 Explain that unit aidmen are provided to support combat and combat support units on the following basis (10 min).
  - a One per rifle platoon.
  - b One per tank company.
  - c One per cavalry troop, etc.
- 3 Explain that aidmen will operate a unit aid post and give emergency medical treatment on or off the battlefield (10 min).
- 4 Explain what the platoon headquarters and aid station are composed of and their duties (10 min).
- 5 Explain the evacuation section (10 min).
- 6 Summarize the lesson (5 min).

(2) Period 2 (1 hr) Division Level Medical Service (LP 119-2-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TVA 119-4

Chalkboard, chalk and eraser; overhead projector, PH 637; screen, projection; locally produced vu-graphs.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 8-5; FM 8-10; FM 8-15.

(e) Training Objectives:

1 Trainee will know that the headquarters provides command, planning, and logistical support to the medical battalion and medical supply and medical maintenance to the entire division.

2 Trainee will know that the support company gives the division rear and noncommitted units medical service and evacuation support, and that it also provides temporary reinforcement to division medical companies as needed.

3 Trainee will know that there is one medical company to a brigade, supporting with evacuation, medical treatment, and dental treatment.

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVA 119-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(f) Lesson Outline:

- 1 Explain the mission of a medical battalion of a division (5 min).
- 2 Explain the headquarters of a medical battalion (10 min).
- 3 Explain the support company of a medical battalion, to include the following (30 min):
  - a Company headquarters.
  - b Ambulance platoon.
  - c Clearing platoon.
- 4 Summarize the lesson (5 min).



(3) Period 3 (3 hrs): Organization and Functions of Medical Service in Army Divisions (LP 119-3-H)

(a) Training Facility Requirements:

Outdoor training area, approximately 15 acres (with defilade and cover).

(b) Instructional Aids and Equipment: (Based on a class strength of 85 trainees): Chalkboard, chalk and eraser; two surgical instrument and supply sets, individual (complete); four litters, folding, rigid pole, aluminum pole; one table, folding legs, wood, solid top, 36 x 24 x 27 25/32 in.; one splint set, telescopic; one chest, medical instrument and supply set, field, No. 1, 24 x 12 x 6 in., empty; one chest, medical instrument and supply set, field, No. 2, 30 x 18 x 6, empty; one blanket set, bed, small; two saw-horses (non-standard); one medical supply set, field, supplemental supplies; one megaphone, portable, portapage, model TIR BU; one tape, textile, cotton, HDT, 3/4 in. wide; two rifles, M-1 (mock rifles) (Non-standard); eight helmets, steel, OD (with helmet liners); eight belts, pistol, cotton webbing, OD (with first aid pouch and packet); two brassards, Red Cross; three hundred yards, communicating cable, WD-1; Two telephone sets, TA-312/PT.

(c) Trainee Equipment Requirements:

Notebook and pencil; Class "C" uniform with belt, pistol, cotton webbing, OD; canteen, and first aid pouch and packet.

(d) Reference:

FM 8-10.

(e) Training Objectives:

- 1 Trainee will know that unit level medical service is that medical attention rendered by personnel of the medical unit organic to the organization.
- 2 Trainee will know that the aidman is the first medic to treat a casualty and that the first doctor to treat a casualty is at the aid station.
- 3 Trainee will know that division level medical service begins with the 3/4 ton ambulance that evacuates the unit aid station.
- 4 Trainee will know that division medical battalion provides division level medical service.
- 5 Trainee will know that each medical soldier has the same basic duties regardless of the kind of medical unit he is assigned to.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

- 1 Conduct a demonstration of unit and division level medical service, to include the following (145 min).
  - a Battlefield acquisitions of casualties.
  - b Emergency treatment of sick and wounded.
  - c Evacuation of sick and wounded from the frontline to the division clearing station.
  - d Duties of medical personnel.
- 2 Summary and critique (5 min).

3. Field Support Skills for the Medical Corpsman (207 hrs)

a. CBN (Individual Protective Measures) (4 hrs)

(1) Period 1 (2 hrs): Introduction to Chemical and Biological Operations and Nuclear Warfare (LP 109-1-H)

(a) Training Facility Requirements:

Classroom or suitable training area.

(b) Instructional Aids and Equipment:

Blackboard

Protective masks and accessories

Protective clothing

Vesicant gas resistant leather dressing

Protection and treatment sets, chemical agents

Amyl nitrite ampuls

Large models of atropine syrette and automatic injector

Radiac instruments

Chemical agent detector kits

CN solution (CNC or CNB)

Smoke pots

Smoke grenades, and other available smoke flame, and

incendiary munitions

CGR contamination markers

Aidman

TVRs 731 and 732

(c) Trainee Equipment Requirements:

As specified by Unit SOP, each trainee brings protective mask M-17.

(d) References:

FM 21-11, para 31; FM 21-40, Fig para 16, 63;  
FM 21-41, para 5-7, 8a, 11, 18, 19, 29, 30, 33-35, 39,  
40, 45, 47, 50, 57, 59, 64, 73-77, 83-85. (FM 21-48,  
para 12); A Subj Scl 21-6.

(e) Training Objectives:

The trainee will know the basic protective, first aid,  
and decontamination procedures used in a CBR situation.

Each soldier must know:

- 1 When to mask, either by alarm or by recognizing  
that a chemical or biological attack has occurred.
- 2 Proper procedures for unmasking.
- 3 When and how to inject atropine.
- 4 The decontamination procedures for removing unknown  
liquid agent from the skin and eyes.
- 5 First aid for white phosphorus (WP) burns.
- 6 How to take protective measures against the effects  
of nuclear weapons.
- 7 The importance of continuing the mission.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tapes TVR 731,  
732, show it in appropriate sequence, and adjust the remainder of  
the instruction accordingly.

Follow Lesson Outline, Army Subject Schedule 21-6, page 4.

(2) Period 2 (2 hrs): Practical Application of CBR Individual Protective Measures (LP 109-2-H).

(a) Training Facility Requirements:

Suitable training and exercise areas; gas chamber.

(b) Instructional Aids and Equipment:

GIA 3-4-1, 3-20; individual requirements as listed in applicatory exercise (sec IV; standard gas chamber exercise material requirements (FM 21-48; para 12).

(c) Trainee Equipment Requirements:

As specified by Unit SOP, each trainee brings protective mask M-17.

(d) References:

AR 385-63; FM 21-40; App VII, VIII; A Subj Schedule 21-6; FM 21-48, para 14, applicatory exercise, Sec IV.

(e) Training Objectives:

The trainee will be able to apply the:

- 1 Properly don, seat, clear, and check his protective mask within 9 seconds following an alarm or recognition of a chemical or biological attack.
- 2 Demonstrate knowledge of the training objectives of the preceding lesson outline.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

Follow Lesson Outline, Army Subject Schedule 21-6, page 5.

b. Guard Duty (4 hrs)

(1) Period 1 (2 hrs): (LP 108-1-H)

NOTE: Two weeks prior to attendance at guard duty instruction each trainee will be issued a written sheet containing the General Orders with explanations of each general order. Trainees will be directed at time of issue to memorize the general orders and study the explanations. Prior to attendance at the first guard duty period, company NCOs will hold 3 fifteen-minute practice sessions to determine that trainees have learned and understand the significance of each general order. Trainees will be instructed to retain copies of their orders and bring them to guard duty classes. Nevertheless, the PI will issue in class (2nd hr) copies of the General Orders to men who have misplaced them. For the entire 4 hrs of class attendance, the (approx) 80 trainees is broken into 4 equal groups each under its own AI who will conduct all training for his 20 men.

(a) Training Facility Requirements:

Classroom, bleacher area and drill field.

(b) Instructional Aids and Equipment:

Blackboard, rifles, MVR 738.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

A Subj Sec 21-5; FM 26-5, CO and their explanations;

USAMTC LP 108-3, TV Tape (Locally produced) showing:

1 How to walk a post.

2 How to challenge.

3 How to report to an inspecting officer.

(e) Training Objectives:

Trainees will know:

- 1 Purpose and composition of interior guard (main and special) and exterior guard.
- 2 General Orders and general duties of guard personnel.
- 3 Recite the General Orders.
- 4 Perform guard duties under typical situations encountered in garrison and in the field.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVR 738, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

Introduction, Composition of the Main Guard and General Duties of Both Interior and Exterior Guard.

- 1 Introduce the lesson by outlining scope of instruction and explanation of differences and similarities in interior and exterior guard (3 min).
- 2 Introduce TVR 738 "Guard Duty, Period 1" Show TVR 738 (25 min showing time). Summarize TV tape, questions from class (27 min).
- 3 Practical Exercise (20 min)
  - a Each AI has his 20 trainees recite their general orders once to each other.
  - b Each AI gives examples of Special Orders which might apply to local visible or known situations.

- c Each AI asks questions to determine that meanings and application of general and special orders as they apply to both exterior and interior guard.

NOTE: 10 minute break at end of 50 minutes of Instruction.

4 Practical Exercise (continued) (50 minutes)

- a Each AI using different trainees for acting out each situation, explains and has trainees act out during his explanations, both for exterior and interior guard the following situations:

- 1) Walking a post in a military manner, keeping alert and observing.
- 2) A sentinel reports a suspicious occurrence to the commander of the relief on his round to inspect the relief. This should be for a minor infraction.
- 3) Same as 2) above except the sentinel telephones (simulated) the commander of the relief to make the report, or summons the commander of his relief by calling. This could be for a serious offense.
- 4) A sentinel apprehends a suspicious person in daylight on his post and turns him over to the commander of relief. After calling the commander of his relief.
- 5) Same as 4) above except that the suspicious person appears during challenging hours and is challenged.



- 6) A sentinel repeats a call from a post more distant from the guard house than his own.
  - 7) A sentinel violates his instructions to quit his post only when properly relieved.
  - 8) A sentinel of the last relief correctly leaves his post at the scheduled time to report to the guard house. (Explain this procedure).
  - 9) A sentinel gives instructions to a visitor.
  - 10) A sentinel gives the alarm in case of fire or disorder:
    - a) Voice.
    - b) Telephone.
  - 11) A sentinel unarmed salutes an officer:
    - a) Daytime.
    - b) After time for challenging.
  - 12) A sentinel challenges:
    - a) One person.
    - b) Two or more persons or groups.
  - 13) A sentinel is inspected by the officer of the day.
- b AIs ask questions of members of their groups.
- c Time permitting, AIs summarize.

- (2) Period 2. (2 hrs): Guard Mounting, Walking (Manning) a Post; Performance of Guard Duties, Both Interior and Exterior (LP 108-2-H)

NOTE: There is to be a 10 minute break at the end of each 50 minute period.

- (a) Training Facility Requirements:

Classroom and training area.

- (b) Instructional Aids and Equipment:

TVR 739.

- (c) Trainee Equipment Requirements:

As specified by Unit SOP.

- (d) References:

FM 22-6, 26-5; A Subj Sec 21-5.

- (e) Training Objectives:

Trainees will understand what occurs at Guard Mounting.

Trainees will perform guard duties for both exterior and interior guard, as follows:

1 Take post.

2 Walk (or man) post.

3 Take into custody (a) a suspicious person (b) suspicious persons.

4 Be inspected by an officer and by a NCO of the Guard.

5 Be relieved (a) by the relief Commander (b) at a certain hour (Example 0600).

- (f) Lesson Outline:

NOTE: Instructional Method: Lecture, Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape TVR 739, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Introduce the period by outlining the scope of the period (1 min).
- 2 Introduce TVR 739, "Guard Duty, Period 3" (repeat 3 although this is Period 2) Show TVR 739 (Showing Time - 33 minutes). Summarize tape. Do not attempt to answer detailed questions concerning duties and actions of specific personnel. Answer general questions. No summary (39 min).
- 3 Each AI divides his group of 20 trainees into two reliefs.
  - a Acting as relief commander. Posts the first relief as for Interior Guard at reduced distances, single sentinels, giving realistic brief special orders to each. [He has the relief not posted (2nd Relief) observe under control of a selected trainee, and has others assist as necessary]. The AI assuming roles as appropriate.
    - 1) Posts the relief.
    - 2) Sees that sentinels walk their posts as appropriate to Interior Guard.
    - 3) Has one or more sentinels challenge and take into custody.
      - a) A single suspicious person.

- b) A group of suspicious persons.
- 4) As an officer, then as a NCO, inspects one or more sentinels on post.
- 5) Relieves the relief by posting a second relief.
- 6) Has the relief leave post on order at a given hour.

b The AI acting as commander of the relief posts the second relief as for exterior guard at reduced distances, double sentries, giving brief realistic orders to each pair. (He has the 1st relief observe.)

The AI assuming appropriate roles:

- 1) Posts the second relief as for exterior guard.
- 2) Sees that sentinels man (not necessarily walk) their posts.
- 3) Has one or more sentry pair challenge and advance a suspicious group, one sentry covering the other; both operating from cover.
- 4) Has a double sentry take a suspicious individual into custody.
- 5) Inspects a double sentry posts.
- 6) Has double sentries relieved by posting their relief.
- 7) Has double sentries relieved w/o replacement at a certain hour (60 min).

c. Intelligence Training (2 hrs) (LP 111-1-H)

(1) Training Facility Requirements:

Classroom w/TV receivers.

(2) Instructional Aids and Equipment:

TVR 740.

(3) Trainee Equipment Requirements:

None.

(4) References:

FMs 21-75, 30-5; A Subj Scd 21-7; TF 7-2550.

(5) Training Objectives:

The trainee will:

(a) Know the importance of combat intelligence and his part  
in the collection of related information.

(b) Search prisoners.

(c) Report medical information of the enemy.

(d) Process medical documents at acquisition level.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape TVR 740, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

(a) Introduce Combat Intelligence (2 min).

(b) Show TVR 740 (33 min). Use the remainder of the  
two hours for a PW Round-Robin with 3 stations, one  
requiring soldiers to report medical information

APP E, LOs (Cont'd)

(using keyword SALUTE); one station searching prisoners;  
and one station processing documents at acquisition  
level. (98 min)

d. Physical Training (Includes Transportation of Sick and Wounded)

(68 hrs) (LPs 311-1-H through 311-67-H)

(1) Periods 1 through 67:

(a) Training Facility Requirements:\*

- 1 For all periods: An outdoor area.
- 2 For periods involving 2-man carry: One litter per 2 men.
- 3 For periods involving 4-man litter carry,\* conversion of motor vehicles, loading of motor vehicles, loading of rotary wing aircraft, and combat evacuation exercise: One litter per 4 trainees.
- 4 For periods involving conversion and/or loading of motor vehicles: One 3/4 ton truck w/o bows, one 2½ ton truck w/o bows, and one personnel carrier armored M113 or mock-up, plus items in par 3 above.
- 5 For periods involving rotary wing aircraft: Four mock-ups of rotary wing aircraft or actual aircraft if obtainable plus items in par 3 above.
- 6 For periods involving loading of field ambulances: Four field ambulances plus items in par 3 above.
- 7 For combat evacuation exercise: Two front line ambulance, 1 truck cargo 2½ ton, one truck, cargo 3/4 ton plus items in par 3 above.
- 8 For period 29, Improvised Litters and Blanket Dressings, requires 8 litters, 16 field jackets,

\*For 1st Period only: Add 1 portapage and 4 numbered vests (1, 2, 3 and 4)

16 burlap packs, 16 rigid poles (assorted), 1 board  
1" x 24" x 7'; 32 patient securing straps.

9 For periods 46 and 56: The standard Confidence Course.

10 For periods 35 and 50: The Litter Obstacle Course  
plus items in par 3 above.

11 Period 63 requires two (2) one-ton front line  
ambulances, one (1) truck cargo 2½ ton 6 x 6, and  
one (1) truck cargo 3/4 ton 4 x 4, plus items in  
par 3 above as well as equipment listed in Annexes  
A and B current MTC Lesson Plan or Lesson Plan  
311-80-H (which are identical).

(b) Instructional Aids and Equipment:

One PT stand.

(c) Trainee Equipment Requirements:

As specified in Unit SOP.

(d) References:

TM 21-200; FMs 8-35, 21-11, 21-21.

(e) Training Objectives:

1 Trainees developing progressively will attain a  
degree of physical conditioning necessary to perform  
in their MOS w/o undue fatigue.

2 Trainees will attain a degree of proficiency and  
dexterity in Manual Transportation of Sick and Wounded  
and their loading into and unloading from surface and  
air vehicles used for carrying sick and wounded to  
perform satisfactorily as Combat Aidmen.



3 Trainee can make a satisfactory score on Physical Combat Proficiency Test.\*

4 The trainees will acquire all of the knowledge requirements prescribed in par 8n, A Subj Scd 8-910.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

Period 1. (2 hrs): (LP 311-1-H) will be devoted to Litter Drill I under LP 311-1-H.

Period 2. (1 hr): (LP 311-2-H) will be devoted to learning Army PT Exercises 1-6, forming mass, extension of mass, necessity for precision and accuracy, and use of cumulative count. Trainees will execute 5 repetitions of each exercise.

Periods 3-18 (1 hr each): (LPs 311-3 through 18-H) will be devoted to (1) Army PT Exercises, (2) Transportation Exercises and (3) Running; all progressing from light exertion to medium exertion. For instance PT exercises progress from 5 repetitions of 3 exercises in Period 3 to 9 repetitions of 6 exercises in Period 10, and to 10 repetitions of 6 exercises in Period 15, then do not increase; Litter/Man Carries progress from Introduction to Transportation Exercises 1 and 2 in Period 3 to 15 meter

\*Physical Combat Proficiency Test is administered during hours in the master schedule under Proficiency Testing--NOT ON Physical Training Time and NOT ON days that Physical Training is scheduled.

pistol belt drag, 25 meter supporting carry, and 15 meter Fireman's Carry in Period 18. All standard carries are taught and repeated, as time permits.

Running progresses from:

Shuffle 250 meters, walk 50 meters

Shuffle 200 meters, walk 50 meters

Shuffle 250 meters, walk 50 meters

in Period 3 to:

Shuffle 800 meters, walk 50 meters

Shuffle 800 meters, walk 50 meters

in Period 18:

If no reasons exist to the contrary, the exercises should be given in each period in order (1) PT Exercises, (2) Running (Shuffle), (3) Transportation Exercises. Approximately half of the periods should be devoted to Transportation Exercises.

Period 19 to 20 (1 hr each): (LPs 311-19-H; 311-20-H)

In these two periods, that portion (24 min) devoted to transportation is spent on loading and unloading ambulances and 3-man uphill and downhill movement.

The remaining time is spent on warm-up exercises and running (Shuffle).

Period 21 (1 hr): (LP 311-21-H)

This entire period is devoted to loading and unloading of rotary wing aircraft. If rotary wing aircraft are available, they are used, if not, mock-ups are employed.

APP E, LOs (Cont'd)

Period 22 (1 hr): (LP 311-22-H)

That portion (24 min) of this period devoted to transportation, is spent on loading and unloading Rotary Wing Aircraft or Mock-ups.

Period 23-28 Incl (1 hr each): LPs 311-23-H through 311-28-H)

will be a continuation of periods 3-18 in which all 6 warm-up exercises are given (10 min), the running (shuffle increases from 1.2 miles to 1.7 miles (15 min), and transportation exercises (2 or 3 different ones each day) are practiced accompanied by moving the patient 25-50 meters (24 minutes).

Periods 29 through 67 (All 1 hr each): (LPs 311-29-H through 311-67-H) will devote one-half of each period to practical application of the various transportation techniques learned and one half to warm-up exercises followed by 1.7 miles run (shuffle). For details on transportation technique, warm-up exercises and runs, see appropriate previous periods. Periods of instruction will be conducted according to the following schedule:

- 1 Instruction to be conducted in Periods 31, 45, and 52.
  - a Standard warm-up exercises and 17 mile shuffle.
  - b Transportation Exercises:
    - 4-man litter carry (50 meters).
    - 4-man litter port carry (50 meters).
    - 4-man overhead carry (50 meters).
- 2 Instruction to be conducted in Periods 29, 33, 48, 58, and 60.

APP E, LOs (Cont'd)

- a Standard Warm-up Exercises and 17 Mile Shuffle.
  - b Transportation Exercises:
    - 2-man litter carry (50 meters).
    - 3-man uphill or downhill litter movement (50 meters).
    - Loading and unloading litters - Rotary Wing Aircraft.\*
- 3 Instruction to be conducted in Periods 30, 38, 43, 53, 57, and 65.
  - a Standard Warm-up Exercises and 17-Mile Shuffle.
  - b Transportation Exercises:
    - 2-man litter carry (50 meters).
    - 3-man uphill and downhill litter movement (50 meters).
  - c Conversion and loading and unloading of military vehicles.
- 4 Instruction to be conducted in Period 32, 42, 51 and 63.
  - a Standard Warm-up Exercises and 17-Mile Shuffle.
  - b Transportation Exercises:
    - Four hand carry (25 meters).
    - Two hand carry (25 meters).
    - Saddle back carry (25 meters).
- 5 Instruction to be conducted in Periods 34, 39, 44 and 62.
  - a Standard Warm-up Exercises and 17-Mile Shuffle.

\*Half the class attend loading and unloading exercises during the 1st 24 minutes, while the other half attends Warm-up Exercises and Running (Shuffle). After 24 minutes, the two halves interchange.

b Transportation Exercises:

2-man arms carry - 20 meters.

1-man saddle back carry - 15 meters.

Neck drag - 15 meters.

c Loading and unloading field ambulances.\*

6 Instruction to be conducted in Periods 36, 49, 59, and 61.

a Standard Warm-up Exercises and 1.1 Mile Shuffle.

b Transportation Exercises:

Pistol Belt Drag - 15 meters.

Pistol Belt Carry - 15 meters.

Supporting Carry - 40 meters.

7 Instruction to be conducted in Periods 37, 41, 47, 54 and 64.

a Standard Warm-up Exercises and 1.7 Mile Shuffle.

b Transportation Exercises:

Two-man litter carry (50 meters).

Three-man uphill and downhill litter movement (50 meters).

c Loading and unloading litters - Field Ambulance.\*

8 Instruction to be conducted in Periods 46, 56, and 66 (1 hr each): Run the confidence course; running (shuffle) to and from the course.

NOTE: Class should have exclusive use of course.

\*Half the class attend loading and unloading exercises during the 1st 24 minutes, while the other half attends Warm-up Exercises and Running (Shuffle). After 24 minutes, the two halves interchange.

- 9 Instruction to be conducted in Periods 35, 50, and 67 (1 hr each): Run the Litter Obstacle course; running-shuffle to and from the course.

NOTE: Class should have exclusive use of the obstacle course.

- 10 Instruction to be conducted in Periods 40 and 55: Devote the entire period to exercises 1 through 6, conventional PT.

e. Counterinsurgency (1 hr) (LP 111-9-H)

(1) Training Facility Requirements:

Classroom w/Projector and Screen.

(2) Instructional Aids and Equipment:

AFIF-123.

(3) Trainee Equipment Requirements:

Standard.

(4) References:

A Subj Scd 31-1; AFIF-123.

(5) Training Objectives:

The trainee will know the meaning of Counterinsurgency and the soldier's role in Counterinsurgency.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

Introduce briefly and show AFIF-123, "The Third Challenge,"

(45 minutes running time) as prescribed in ATP 21-111.

Critique the film.

f. Land Navigation (25 hrs) (LPs 113-1-H thru 113-8-H)

(1) Training Facility Requirements:

Period 1 - Classroom w/electrical outlet, open training area  
at least 175 meters in radius near the classroom.

Period 2 - Classroom with electrical outlet.

Period 3 - Classroom with electrical outlet.

Period 4 - Training area, varied terrain, sparsely vegetated,  
500 meter radius.

Period 5 - Training area, varied terrain, sparsely vegetated,  
325 meter radius; 100-meter pace course.

Period 6 - Training area, terrain typical to area, 3000 meters  
by 480 meters.

Period 7 - Training area, typical to area, 3,000 meters by  
480 meters.

Period 8 - Outdoor training area (prepared course).

(2) Instructional Aids and Equipment:

Period 1 - Overhead projector, screen; GTA 21-6-1 (1-21).

Period 2 - Overhead projector, screen; GTA 21-6-1 (22-40),  
Army Map Service, Plastic Relief Map 100549,  
One (1) per two (2) students.

Period 3 - Overhead projector, 16mm motion picture projector,  
screen; GTA 21-6-1 (41-48); TF 7-3360.

Period 4 - Handout material; topographic maps, Scale 1:50,000  
which include the training area.

Period 5 - Handout material, chalkboard (TC 7-5).



Period 6 - Handout material. (TC 7-5)

Period 7 - Handout material. (TC 7-5)

Period 8 - One (1) lensatic compass per two (2) trainees; one (1) coordination scale (5-12) per two (2) trainees; one (1) M 113-8-1 per two (2) trainees; one (1) area blowup board; one (1) M 113-8-2 per one (1) trainee.

(3) Trainee Equipment Requirements:

Period 1 - Lensatic compass, notebook and pencil.

Period 2 - Notebook and pencil.

Period 3 - Notebook and pencil.

Period 4 - Lensatic compass.

Period 5 - Lensatic compass.

Period 6 - Lensatic compass, pace cord, flashlight with red filter (one (1) per two (2) students).

Period 7 - Lensatic compass, pace cord.

Period 8 - Class "D" Uniform with helmet liner, notebook and pencil.

(4) References:

FM 21-26, 21-31; TC 7-5.

(5) Training Objectives:

The trainee will effectively, and on his own:

1 Use the lensatic compass.

2 Select and use steering marks.

3 Report information by polar coordinates.

- 4 Read and plot coordinates (6 numbers).
- 5 Identify common map information and topographical symbols and interpret margin map information to include scale.
- 6 Measure distances and azimuths on a map and relate them to the ground.
- 7 Use contour lines; and orient a map.
- 8 Use check points; and geographically orient his map.
- 9 Use natural methods of determining direction.
- 10 Locate himself through use of a standard military map or photo map and recognize terrain features.
- 11 Determine and use his pacing standard and use methods of detouring obstacles.
- 12 Navigate in daylight and under conditions of limited visibility, using primarily dead reckoning skills, but supplemented, where possible, with terrain recognition. He must traverse unfamiliar moderately difficult terrain with and w/o heavy vegetation for distances of up to 2000 meters arriving accurately enough in vicinity of the objective to recognize the objective from his arrival point; or within 25 meters of the objective.
- 13 Navigate during daylight over unfamiliar terrain using terrain features, supplemented by dead reckoning skills to the same standards as in par 12 above.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, Practical Exercise.

(a) Periods 1 - 7 (21 hrs): Follow LPs 113-1-H through 113-7-H (which are identical to App II, TC 7-5, June 1965) except that four (4) hours will be devoted to Period 1; three (3) hours to Period 2; and three (3) hours to Period 3. No more than four (4) hours of Land Navigation will be scheduled on any one day.

(b) Period 8 (4 hrs): (LP 113-8-H)  
Conduct at Camp Bullis, a practical 4-mile cross country exercise in navigation requiring solution of successive situations, compass and map use, terrain association, uses of coordinate scale, resection and intersection, and pacing. Trainees will be divided into groups of twos. Each trainee group will be issued a map, lensatic compass, a coordinate scale card, and a situation card w/six situations to solve. Instructors will supervise and grade each trainee.

g. Communications (9 hrs)

(1) Period 1 (1 hr): Radio-Telephone Procedures and Establishing

a Radio Net (LP 123-1-H)

(a) Training Facility Requirements:

Outdoor Training Area with covered stands.

(b) Instructional Aids and Equipment:

Chalkboard, chalk, eraser. Three (3) Radios AN/PRC-10 (complete); one (1) Phonetic Alphabet Card per trainee.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-13; A Subj Scd 21-39.

(e) Training Objectives:

Trainees will know:

- 1 Proper Radio-Telephone Procedure.
- 2 The Phonetic Alphabet and Prowords and how to use them.
- 3 Proper net organization.
- 4 How to establish a radio net.
- 5 How to calibrate the AN/PRC-10 Radio and how to check calibration.
- 6 How to use callsigns.
- 7 How to transmit a message.
- 8 How to relay a message.
- 9 How to close a radio net.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

- 1 Introduce subject (2 min).
- 2 Explanation-Demonstration (43 min).
  - a Demonstrate and explain proper procedure and give reasons for it.
  - b Hand out and explain phonetic alphabet.
  - c Explain and illustrate on chalkboard net organization.
  - d Explain and demonstrate use of "Pro" words.
  - e Explain and demonstrate:
    - (1) Establishing a radio net.
    - (2) Testing signals for calibration.
    - (3) Use of callsigns.
    - (4) Transmission of a message.
    - (5) Use of "Pro" words.
    - (6) Relaying a message.
    - (7) Closing a radio net.
- 3 Summarize.

(2) Period 2 (2 hrs): Field Telephones (LP 123-2-H)

(a) Training Facility Requirements:

Outdoor training area w/covered stands.

(b) Instructional Aids and Equipment:

Three (3) TA-312 w/BT RT.

One (1) TA-43 w/BT RT.

One (1) TA-1.

One (1) SB-22, Switchboard.

One (1) H-33.

One (1) CE-11, Reel of wire WD-1.

Two (2) TL-13.

Four (4) Field Tables.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FMs 21-60, 24-1; TMs 11-362, 11-2155, 11-2240,

11-5805-234-12, 11-296, 11-5820, 292-10.

(e) Training Objectives:

Trainee will:

1 Know names and general characteristics of TA 43/PT,

TA 312/PT and TS-10.

2 Know how to install batteries.

3 Know characteristics of a good location for a telephone,

how to install and how to protect from moisture both

for field and fixed locations.

4 Know how to make calls - brief, clear, distinct not

verbose.

- 5 Know how to answer calls.
- 6 Know how to place a call.
- 7 Know required telephone security.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

- 1 Introduce the subject (1 min).
- 2 Explanation and demonstration (44 min).
  - a Briefly discuss characteristics of and display TA 43/PT, TA 312/PT and TS-10.
- 3 Demonstration procedure (8 steps) for connecting telephone.
- 4 Demonstrate and explain installing batteries.
- 5 Demonstrate and explain locating and protecting telephones in field and fixed locations and protection from moisture.
- 6 Demonstrate and explain answering calls.
- 7 Demonstrate and explain placing a call.
- 8 Demonstrate and explain requirements for security, a call violating security and a call conforming to security.
- 9 Summary (5 min).

(3) Period 3 (1 hr): Messenger and Message Writing (LP 123-3-H)

(a) Training Facility Requirements:

Outdoor training area w/covered stands.

(b) Instructional Aids and Equipment:

Ten (10) Field Message Books M210A; Situation Cards,  
Grease Pencil; Message Facsimile Board M-123-21;  
Chalkboard and Eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-75 (Jan 62) Ch. 5, para 62, 63, 64-71.

(e) Training Objectives:

Trainees will know:

- 1 Basic rules for writing messages.
- 2 Essentials: What, when, where, clarity, completeness, conciseness.
- 3 How to write a message conforming to basic rules:
  - a Print, ZULU, ZERO, 4; abbreviations.
  - b Xray - pause.
  - c Parts of message.
  - d Precedences (meaning of each).
  - e Security classification (5 classifications).
  - f Reference number.
  - g Date-time-group.
  - h 24-hour system.



- 1 Addressee.
- 1 Text.
- k Ending.
- 1 Signature.
- m Time signed.
- 4 Qualifications, types, functions and duties of messengers.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

- 1 Introduce the subject (5 min).
- 2 Explanation and demonstration (42 min).
  - a Explain essentials - what, when, where, clarity, completeness, conciseness.
  - b Using Message Fascimile Board M-123-2-1, explain and demonstrate writing a message (making entries) to include Printing and Special Rules for printing, Security Classifications, Reference Number, Date-Time-Group, 24 hour clock system, addressee, text, ending, signature, time signed.
  - c Explain qualifications, types, functions and duties of messengers as well as importance.
  - d Summary (5 min).

(4) Period 4. (2 hrs): Radio Sets AN/PRC-10 or AN/PRC-25

(LP 123-4-H)

(a) Training Facility Requirements:

Outdoor training area w/covered stands.

(b) Instructional Aids and Equipment:

Chalkboard

Eraser

One (1) Radio AN/PRC 6

One (1) Radio AN/PRC 25 per 4 trainees (Substitute

AN/PRC-10 if AN/PRC-25 not available)

One (1) M123-6-1 per trainee

One (1) lectern.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 24-18, Ch. 4 and 5, July 1965.

(e) Training Objectives:

1 Trainees will know for AN/PRC-6 and AN/PRC-25:

a Purpose (use).

b Characteristics.

c Capabilities and limitations.

d Appropriate locations for radio and reasons.

e How to install a battery.

f How to install the antenna and return it to the  
stored position.

g How to read and use the controls.

- h General operation rules.
- i How to receive and transmit.
- j Preventive maintenance procedures.
- k How to connect headset H-33.
- 2 Trainees will calibrate and tune the AN/PRC-25.
- 3 Trainees will operate radios using correct procedure.

(f) Lesson Outline:

NOTE: Instructional Method: The first hour will be Lecture and Demonstration; the second hour, Practical Exercise.

1 First Hours:

Lecture and Demonstration (50 min).

a Introduce the subject (1 min).

b Explanation and demonstration (44 min).

Explain and demonstrate the following for AN/PRC-6 and AN/PRC-25:

a Purpose and use.

b Characteristics.

c Capabilities and limitations to include crystal calibration of AN/PRC-6.

d Radio Station locations.

e Installation of batteries.

f Antenna installation and returning to stored position.

g Controls - how to read and how to use.

h General operation rules and procedures.

i Receiving and transmitting.

j Preventive maintenance.

k Connecting headset H-33.

1 Frequency calibration and tuning of AN/PRC-25.

2 Second Hour:

Practical Exercise - Calibration of AN/PRC-25

(50 min).

a Explain the exercise (1 min).

b Practical exercise (47 min).

- 1) Divide the trainees into as many groups as there are instructors (including the PI) and assign an instructor to teach group;
- 2) Within each instructor's group, assign AN PRC-10 to each 4 trainees.
- 3) Have each trainee calibrate the radio; supervise.
- 4) During the remaining time, have each 4-man group practice radio procedure.

c Summarize (2 minutes).

(5) Period 5 (3 hrs): Practical Exercise: Signal Communications

(LP 123-5-H).

(a) Training Facility Requirements:

Outdoor Training Area.

(b) Instructional Aids and Equipment:

Sixteen (16) radios AN/PRC-25, Complete (Substitute AN/PRC-10 if AN/PRC-25 not available).

Six (6) radios AN/PRC-10, preset on different frequencies

1 Frequencies two (2) ea on 47.8 Oblong.

2 Frequencies two (2) ea on 48.8 Monastery.

3 Frequencies two (2) ea on 54.2 Lowell.

One (1) Lecternette, complete.

Twelve (12) telephones TA-312 or TA-45 complete w/Btry and RJ.

One (1) Reel CE-11 w/WD-I TT wire

One (1) Roll of Salvage WD-I TT wire

Fifteen (15) Tool equipment sets TL-13.

One (1) Switchboard SB 22.

Three (3) Tables, folding, field.

Three (3) Chairs, folding.

Twelve (12) Message books M-210-a

(c) Trainee Equipment Requirement:

As specified by Unit SO2.

(d) References:

FM 21-75 (Jun 62), Chapter 5, para 62-71.

(e) Training Objectives:

1 Trainees will (with respect to AN/PRC-25 or AN/PRC-10):

- a Calibrate the radio set.
- b Send and receive messages over AN/PRC-25 under field tactical conditions at reduced ranges using proper procedures to include establishing the net, entering the net, use of "Pro" words, phonetic alphabet, callsigns, and closing the net, and placing and maintaining the radio in operation.
- c Take proper action, e.g., recalibrate on another frequency, when radio is jammed.

2 Trainees will make 2 satisfactory wire splices using WD/1 wire and tool equipment set TL-13.

3 Trainees will (with respect to wire net:

- a Install and operate a telephone TA-43 PT under field tactical conditions at reduced ranges communicating with each other on a net, using proper procedures.
- b Know how to install and operate a switchboard SB 22/PT.
- c Know what a wire diagram is and its purpose.

4 The trainees will write 2 satisfactory messages using message book M-210-A making appropriate entries in all spaces. They will print the entire message, be clear, complete and concise, use proper numerals and letters, abbreviate where possible

APP E, LOs (Cont'd)

using authorized abbreviations, assign an appropriate security classification, and precedence, use 24-hour clock system, have message signed with grade of writer by an assumed writer (not their own signature) and enter time writer signed.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: The PI will explain the procedures for the period to include a brief indication of the plan for the exercise. He will divide the class into quarters assigning an instructor, including himself, to each group. Four stations, each manned by an instructor will be completely set up before class by the instructors (see stations below). Trainees are assigned to their group instructors upon arrival. Each instructor mans his station throughout the exercise. Trainees are rotated on schedule so that they spend  $\frac{1}{4}$  of the instructional time ( $37\frac{1}{2}$  minutes) at each station. 10 minute breaks will be taken at the end of each 50 minutes. Instructions for operation of the four stations follow:

1 Practical Exercise (PE)(3 hrs):

a Organize the class (2 min).

b Station No. 1, Radio Net AN/PRC-27 (37 Min).

1) Introduce and explain what will be done at this station.

2) Have each trainee calibrate a radio, open a radio net, conduct normal radio traffic, using correct procedures (see par (5) (4) 1 b and c above, recalibrate his radio and close the net.

c Station No. 2, Field Wire Techniques, (37 min).

- 1) Demonstrate and explain a proper wire splice w/WD-1 wire.
- 2) Have each trainee make 2 satisfactory splices using WD-1 wire and tool equipment set TL-13.

d Station No. 3. Wire Net (37 min).

- 1) Explain briefly and demonstrate installation and operation of a switchboard SB 22/PT and display and explain briefly purpose of a wire diagram.
- 2) Have each trainee install and operate a telephone set TA 43/PT communicating with each other on a net using proper procedures.

e Station No. 4. Message Writing (37 min).

- 1) Review very briefly proper use of message form.
- 2) Have each trainee write at least two (2) satisfactory messages on Messageform M210A (See par (5) (e) 4 above).



h. Infiltration Course (3 hrs): (LP 200-1-H)

(1) Training Facility Requirements:

Infiltration Course constructed according to TC 21-3 and  
App II, Annex B, Fort Sam Houston Training Memo.

(2) Instructional Aids and Equipment:

None.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

AR 385-63 (5 Dec 55); TC 2-13 (7 Dec 64), App II to Annex B,  
Fort Sam Houston, Training Memo.

(5) Training Objectives:

Trainees will experience overhead machine gun fire and  
battle noises, taking necessary action to avoid the overhead  
fire and danger areas, and assaulting a represented enemy  
beyond the overhead fire area.

(6) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

Trainee will negotiate the prescribed infiltration course in  
daylight under "dry-run" conditions and at night under  
live-fire conditions.

1. Individual Tactical Training (13 hrs)

(1) Period 1. (1 hr): Individual Tactical Training, Attack and Defense (LP 117-1-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

MTC TV Tape No. 164 or TF 7-3674 and TF 7-3675 if

TV tape is not available.

16mm projector and screen if TV facilities are not available.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 7-15, 21-75, 31-16, 31-21.

(e) Training Objectives:

Trainees will know the fundamentals of attack and defense.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape \*MTC 164, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Introduce MTC TV Tape No. 164 (Attack and Defense) or TF 7-3674 (Attack) and TF 7-3675 (Defense) if TV tape is not available (2 min).

\*MTC produced.

APP E, LOs (Cont'd)

- 2 Show TV Tape 164 or both TFs (45 min).
- 3 Summarize the tape or TFs.

(2) Period 2. (2 hrs): Guerrilla and Counter-Guerrilla Operations

(LP 117-2-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receiver.

(b) Instruction Aids and Equipment:

Chalkboard

TVR 8

TF 33-2509

16mm projector and screen

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-75, 31-15, 8-10, 5-15, 7-10.

(e) Training Objectives:

Trainee will know:

1 Concept of guerrilla operations.

a Guerrilla support factors - civilian, political.

b Tactics.

c Missions.

d Limitations.

e Nature and impact of guerrilla forces in past, present and future. Role of US Special Forces Operational Teams.

2 Concept of Counterguerrilla Operations.

a Organization - mobility.

b Aggressive, offensive guerrilla techniques.

- e Security.
- f Protection.
- g Friendly support.
- h Police of area.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape TVR 8, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 First hour guerrilla action (50 min).

- a Introduce the subject and define guerrilla (1 min).
- b Explain and demonstrate (where applicable) guerrilla action including (45 min).
  - 1) Support factors.
  - 2) Tactics.
  - 3) Missions.
  - 4) Limitations.
  - 5) Introduce and show TF 33-2509, Guerrilla Action, (Running Time 22 min).
  - 6) Critique the film.

c Summary (4 min).

2 Second Hour Counter Guerrilla Operations (50 min).

- a Introduce and define Counter Guerrilla Operations (1 min).
- b Explain and demonstrate (where applicable, using chalkboard) Counter Guerrilla Operations to include:

- 1) Organization of Counter Guerrilla Forces.
  - 2) How to obtain mobility.
  - 3) Aggressive action.
  - 4) Techniques and tactics.
  - 5) Protective measures.
  - 6) Security.
  - 7) Friendly support (aircraft).
  - 8) Police.
  - 9) Introduce and show TVR 8- Counter Guerrilla  
(Running Time - 27 min).
  - 10) Critique the film.
- c Summary (4 min).

(3) Period 3. (2 hrs): Individual Movement, Day (LP 117-3-H).

(a) Training Facility Requirements:

Broken terrain with low vegetation 300 meters by 150 meters, accommodates 20 men or  $\frac{1}{4}$  of an 80-man class). Near instructional areas for Periods 4, 5 and 6.

For Individual Movement:

A staked course, of one or more lanes, with a total of 21 lines of three possible individual positions each, is prepared to accommodate each squad. The three possible positions on each of the 21 lines are marked by 1" x 4" x 24" stakes (numbered A, B, C). Lines are marked by stakes (1-21) each centrally located on its line. Lines are about one rush apart; lettered stakes on lines are up to 5 meters apart laterally. Positions are sited in by eye-to-eye contact between an instructor on the positions and one on the objective. One position on each line should be the "best" available; the other two should be only "good," "fair," or "poor." A 3" x 5" typed card, enclosed in plastic is securely attached to the near side of each lettered stake indicating the good and poor points of the positions, correct movement to the position, and instructions if the best or short-of-best position is selected (see par. H (2) (e) line). To counteract this, instructors should take steps to beat down the grass to all positions, and redesignate best positions after alterations have been made in cover and concealment.

(b) Instructional Aids and Equipment:

Two (2) whistles, thunderer (1 for instructor on each 10-man course).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

AM 21-75, para 8, 21 b and c.

(e) Training Objectives:

- 1 Trainee will gain a general knowledge of Technique of Fire of the rifle squad.
- 2 Trainee will take all positions correctly in the fire team in the prescribed formations, on signal; and to observe in the direction corresponding to each place in the fire team, and will practice these skills in a simulated combat situation.
- 3 Trainee will know to use the high crawl, low crawl, and rush; and will gain terrain appreciation, selection of firing positions, and proper use of cover and concealment, and will practice these skills in a simulated combat situation.

(f) Lesson Outline:

NOTE: Instructional Method: P.E.

INSTRUCTOR'S NOTE: This period is run as an 8-hour Round-Robin with Periods 117-4-H, 117-5-H, and 117-6-H.



Individual Movement (2 hrs).

1 Individual Movement practice (2 min).

- a Explain use of the high crawl, low crawl, and rush.
- b Demonstrate and practice the high crawl, low crawl, and rush.

**INSTRUCTOR'S NOTE:** Demonstrate and explain each movement. Have trainees practice until all trainees can perform each correctly. Correct errors as they occur.

2 Terrain Appreciation exercise (50 min).

- a Explain and demonstrate a good firing position and the role of cover and concealment in the selection of a position and route to it.
- b With the squad assembled 5 to 10 meters in front of the first line of stakes on the staked course (par e, Training Aids above), explain and demonstrate a good firing position (location) and the role of cover and concealment in the selection of a position and the route to it.
- c Explain how the course is run. (See Instructor's Note under par e below).
- d Using a trainee to demonstrate, talk the group through selection of a position on the first line of the staked course and movement to it; then on the second line.
- e Station all trainees of the squad at starting points (numbered stakes), other than the first and second, and conduct the exercise as indicated in the following Instructor's Note.

**INSTRUCTOR'S NOTE:** Trainees are sent to the numbered stake, one on every other line. (Every other line is used to prevent a man from "giving away" the best location to the man who follows him.) They choose one of the three lettered positions on the next line ahead and the method and route of moving toward it. On the instructor's signal, they move to that position by the route and method selected, read the card on the stake and follow the directions on the card. If they have selected the best position, the card tells them to move to the numbered stake on that line and prepare to move again on whistle signal. If they have not selected the best position, the card will tell them why and to go directly to the best position, read that card and follow its directions. Using this method, trainees are required to select at least 10 positions, each selection being corrected by the cards on the stakes.

3 Movement exercise (20 min). Supervise and control individual trainees, practicing moving against individual trainees, acting as observers, as indicated in the following Instructor's Note.

**INSTRUCTOR'S NOTE:** This exercise has trainees practice what they have learned about individual movement and terrain appreciation in a man vs. man situation. Broken terrain is selected to give better than average cover and concealment. The squad is divided into pairs, a mover and an observer in each pair.

Movers attempt to work their way to within 20 meters of the observers from a position 75 meters away without being seen. Observers fire blanks at the movers whenever they are exposed long enough to allow an aimed blank to be fired. Movers also fire at exposed observers. This exchange of fire serves to tell both observers and movers when they have exposed themselves. The instructor should require movers to make at least two short rushes, since most of them, if not controlled, will undoubtedly crawl all the way. The AI has movers and observers switch roles at half time so that both trainees gain experience in both jobs. This exercise works best if set up with movers stationed around the rim of a wheel, moving toward the observers near the center. Stakes 1" x 4" x 6' (not listed in training aids), indicating the approximate mover and observer positions, assist in control of the exercise, if vegetation is dense.

(4) Period 4. (2 hrs): Individual Night Training, Conducted Under Daylight Conditions (LP 117-4-H).

(a) Training Facility Requirements:

Outdoor area near instructional areas for Periods 3, 5 and 6.

(b) Instructional Aids and Equipment:

Four (4) lettered signs (A, B, C and D).

Six (6) binoculars, field 6 x 30.

Ten (10) Grenades, hand M-116.

Five (5) simulators, booby trap, whistling.

One (1) prepared barbed wire double apron fence.

One (1) prepared log obstacle.

One (1) prepared trench.

Ten (10) simulator, projected ground burst, M-115.

Four (4) flares, trip, surface.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-75 (Jan '62), para 18, 21, 24, 28, 30-36, 40.

(e) Training Objectives:

1 The trainee will perform satisfactorily, the following actions under field daylight conditions:

a Night walks (par 21, FM 21-75).

b Night crawl (par 21, FM 21-75).

c Assuming night prone position, par 21, FM 21-75.

- d Use sign and counter sign.
- e Take proper action under ground and aerial flares and search lights.
- f Dress properly and prevent rattling.
- g Take action to preserve night vision.
- h Search terrain using off-center vision, scan and adapt to dark conditions; and know reasons for actions to preserve night vision, and adapt to dark.
- i Use binoculars to extend night vision.

(f) Lesson Outline:

NOTE: Instructional Method: P.E.

1 Practical Exercise (2 hrs)

NOTE: This period is run as an 8-hour Round-Robin with Periods 117-3-H, 117-5-H and 117-6-H.

NOTE: For this period, one AI conducts one quarter of the entire class (20 men) through the entire period, either moving from station-to-station or remaining at a location (as the conditions of the instruction demand). The instruction is conducted without lecture or explanation other than a one-minute introduction to tell what will be covered. At each station the AI demonstrates and explains the skills to be learned at that station and before proceeding further has trainees practice those skills on the spot. A break is taken at the end of 50 minutes. The AI summarizes at the end of instruction at each station.

- a Introduction (1 min)
- b Station 1 (25 min)

- 1) Night walk.
- 2) Night crawl.
- 3) Assuming prone position at night.
- 4) Summary.

c Station 2 (35 min).

Use of Sign and Countersign: Stressing calling from concealed position and having buddies cover each other. Summary.

d Station 3 (40 min).

- 1) Battlefield illumination: Use of flares and searchlights; action under ground and aerial flares.
- 2) Dressing for night patrols. Rattling, shine, soft cap, ID card, "dog tags."
- 3) Night vision:
  - Dark adaptation
  - Off-center vision
  - Scanning
  - Confidence (explanation)
  - Auto-kinetic reflex (explanation)
  - Factors affecting night vision (explanation)
  - Preserving night vision
  - Use of binoculars to extend night vision.

(5) Period 5. (2 hrs): Individual Tactical Training, Day (LP 117-5-H)

(a) Training Facility Requirements:

Outdoor area near instructional areas for Periods 3, 4, and 6.

(b) Instructional Aids and Equipment Requirements:

Three (3) logs 15" x 20' approximately.

One (1) length of permanently erected double apron barbed wire fence, 24' long.

One (1) quantity of face black or charcoal.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-75 (Jan 62), par 6-36.

(e) Training Objectives:

1 The trainee will perform satisfactorily the following actions under field daylight conditions:

a Crawling with and w/o cover and concealment.

b Crossing a log obstacle.

c Cutting wire.

d Crossing trench or ditch.

e Passing under barbed wire.

f Scanning (day).

g Determining direction by sun methods.

h Observing using shadows, log, and tree.

i Camouflaging hands and face properly.

(f) Lesson Outline:

NOTE: Instructional Method: P.E.

1 Practical Exercise (2 hrs).

NOTE: This exercise is run as an 8-hour Round-Robin with Periods 117-3-H, 117-4-H and 117-6-H.

a Introduction - Procedures to be followed (1 min).

NOTE: The instruction in this period is started without lecture. Three AIs, each conduct a station as indicated. Practice in each phase is done immediately after the demonstration and explanation in each instance. Groups are rotated at one-third and two-thirds time. A break is taken after the 1st 50 minutes. Each AI summarizes at end of group's instruction. Instruction will be conducted according to the following:

b Practical exercise (89 min). The exercise will be conducted according to the following plan and instructions:

1) Station 1.

- a) Crawling without cover and concealment.
- b) Crossing log obstacle.
- c) Passing under barbed wire.
- d) Crossing trench or ditch.

2) Station 2.

- a) Scanning in strips of 50 meters.
- b) Determining directions by the watch and sun method.



3) Station 3

- a) Observing from a concealed position, using shadows and background.
- b) Observing from behind cover of a log.
- c) Individual camouflage (Blackening of hands and face).
- d) Rushing from the prone position.
- e) Crawling:
  - 1) With cover (High Crawl).
  - 2) Without cover (Low Crawl).

An assistant instructor assigned to each station will explain the activities at his station, demonstrate the exercise, and supervise trainee activity.

The principal instructor will check each station and give the order to rotate groups.

Upon completion of all practical work, the principal instructor will assemble the three groups.

c Directions to Trainees

- 1) Trainees will be formed into three equal groups.
- 2) Undivided attention and cooperation will be given to the assistant instructor.
- 3) Groups will rotate upon order from the instructor.

- 4) When moving from one position to another, move quietly and without hesitation.
- 5) Each trainee will participate in all exercises.

d Instructor's Activities (PI and AIs)

- 1) PI divides the class into three (3) equal groups assigning one AI to each group.
- 2) AIs are responsible for conduct of practical work at station to which assigned.
- 3) AIs maintain discipline during practical work.
- 4) Upon order from principal instructor, AIs assemble group for rotation to another station.
- 5) AIs demonstrate the practical work to be executed.
- 6) PI and AIs supervise practical work.
- 7) AIs summarize at end of each station's activities.

(6) Period 6. (2 hrs): Preparation of Defensive Position (LP 117-6-H)

(a) Training Facility Requirements:

Typical defensive terrain near instructional areas for Periods 3, 4, and 5. 150 meters in width.

(b) Instructional Aids and Equipment:

Per Squad: (Note: There are 2 squads)

Ten (10) beverage or C-ration cans, with wire for hanging and rocks (noise makers).

Seventy-five (75) strips of engineer tape 72" long (15 white, 15 blue, 15 yellow, 15 green, and 15 red) for marking simulated clearing. (Blue, yellow, green and red will have to be prepared by dying.)

Twelve (12) standard barbed wire concertinas with improvised staples.

Eight (8) long pickets and 16 short pickets (pickets permanently installed).

Three (3) trip flare simulators.

Three hundred (300) feet salvaged WD-1 wire.

Ten (10) pairs heavy work gloves.

One (1) wire cutter.

Permanent installations.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-75; LP 117-6-H.

(e) Training Objectives:

Trainee will learn the preparation of a defensive position by Infantryman whom he may support as an aidman and learn the techniques he must employ in preparing his own defensive installations.

(f) Lesson Outline:

NOTE: Instructional Method: P.E.

NOTE: This period is run as an 8-hour Round-Robin with Periods 117-3-H, 117-4-H and 117-5-H.

1 Exercise - preparation of position (2 hrs).

INSTRUCTOR'S NOTE: Near or adjacent to the location of the first hour's instruction, permanent full-depth 2-man foxholes are prepared for each squad. During the last 2-hours of the period, each AI instructs his squad in preparation of a position on the FEBA and has the squad actually prepare the position. Emphasis is placed on practical work. All materials must be readily available and kept serviceable.

- a Orient the squad work to be accomplished.
- b Issue a squad defense order to include priority of work, assignment of men to foxholes and individual sectors of fire.
- c Display and discuss features of a previously prepared model position (squad leader's).
- d Conduct the squad through the squad defense area, point out reasons for selection of positions, and indicate sectors of fire.

e Have men go to their positions, adjust the height of the foxholes to fit them.

f Adjust the previously installed field expedients for preplanned fires.

INSTRUCTOR'S NOTE: A 10-minute break is taken at appropriate time.

g Explain clearing fields of fire and have men, in pairs, mark brush, etc., that would be cleared with colored tape (one color per man in each fire team).

h Explain obstacles to protect a squad area.

INSTRUCTOR'S NOTE: The close-in protective measures, to include protective wire, are to be installed in this period. To add realism and provide sample wire installation, triple standard concertina and/or substitute is installed permanently ahead of time at both flanks of the position where the squad's protective wire will be installed.

i Explain installation of triple standard concertina wire and have fire teams install two lengths each of it. (Leave two gaps to be covered by claymores.)

j Locate where (sight but do not string wires to squad position) three claymore simulators per squad would be.

k Install 10 noise makers and three trip flare simulators per squad.

l Summary the work and point out what might be done if time permitted.

m Dismantle all installations except field expedients for preplanned fires.

(7) Period 7. (2 hrs): Individual Night Training Exercise  
( LP 117-7-H).

NOTE: This period must start after dark.

(a) Training Facility Requirements:

Outdoor training area as devoid of noises and man-made landmarks as possible.

(b) Instructional Aids and Equipment:

One (1) 3/4 ton truck.

One (1) pistol pyrotechnic, AN/M/3.

Twenty (20) each, simulators, projection, air.

Four-thousand (4000) meters engineer tape.

(Requirement not recurrent).

One (1) small quantity of charcoal.

(c) Trainee Equipment Requirements:

None.

(d) References:

FM 21-75 (Jan 62) Pars 18-21, 24, 28, 30-36, 40.

(e) Training Objectives:

1 Trainees will know sounds of:

a Tailgate, ambulance door, sliding loaded litter onto ambulance.

b Vehicle moving.

c Men talking.

2 Trainee will detect:

a Lighting of cigaret at 200 meters.

b Brake light at 200 meters.

3. Trainees will:

- a Camouflage each other.
- b Cover shiny articles of clothing and equipment.
- c Eliminate rattling.
- d Approach each other across country alternately at night as noiselessly as possible observing rules for stealth, quietness, and observation and use of terrain and stars for directional guidance.

(f) Lesson Outline:

- 1 Practical Exercise and Demonstration (98 min).

NOTE: The PI selects an area approximately 500 meters x 500 meters preferably where there are loose rocks and vegetation other than grass.

The Period of Instruction should be scheduled so that it starts about  $\frac{1}{2}$  hour before dusk.

NOTE: The PI introduces the period of Instruction and divides the class into as many squads as there are AIs attempting to maintain usual squad organization as nearly as possible.

Each squad is given over to an AI, who will be its instructor for the entire Period.

Each AI has his squad marched to the center of a previously designated area.

Each AI commences his instruction upon arrival in his area and proceeds independently to instruct it according to the following outline:

- a Have men prepare as for night patrols.
  - 1) Eliminate any rattling material.

- 2) Cover shiny articles.
- 3) Darken faces with charcoal. (Each man darkens another man's face in pairs.)

b Review briefly:

- 1) Off-center vision.
- 2) Searching technique.
- 3) Action under flare.
- 4) Retention of night vision in one or both eyes under flares and bright lights.
- 5) Night walk.
- 6) Night crawl.
- 7) Assuming prone position at night.
- 8) Selection of route (shadows, sparse ground cover).

c Explain that the squad will engage in an exercise to see how close one man of a pair can come to another, 1st at and after dusk by sound only and, 2nd after dark by sight and hearing.

- 1) Pair the men of the squad, numbering pairs, placing one man of each pair (the mover) on a small circle equally spaced.
- 2) Send the other man of each pair out, as following the spokes of a wheel about 50 meters (counting paces) in their separate directions, halt, face away, stand up and listen, back to mover.



- 3) Caution movers on the inner circle to spot some reference point in the direction his paired man went so that he can move toward the other man of his pair. Caution all pair members to remember their numbers. Announce a time to stop this phase of 5 minutes. Announce a signal for assembly at starting point.
- 4) Have the inner circle men start moving toward their paired objective men 100 meters out, first walking, then crawling as they see fit.
- 5) Supervise as best you can.

NOTE: The PI will send up flares from time to time. AIs make such corrections of action under flares as is necessary.

- 6) Signal a halt in 5 minutes.
- 7) Repeat the exercise interchanging men of the pairs still having listeners at far end of wheel face away and listen only.
- 8) Interchange and repeat the exercise at approximately 100 meters with far men of pairs listening and scanning 15 min.
- 9) Repeat step 8) with men of pairs interchanged.
- 10) Assemble all men of squad in squad area at prearranged time and critique.
- 11) Discuss with the squad, using the heavens and such other aids as are visible or in hearing, determination of direction.

- a) North star (have trainees find).
- b) Constant or intermittent sounds.
- c) Signal lights.

NOTE: On signal or at prearranged time assemble at initial or other prearranged point on the PI.

d PI giving appropriate explanations and precautions demonstrates the following:

- 1) Shutting ambulance door at 200 meters.
- 2) Lighting cigaret at 200 meters.
- 3) Use of brake light at 200 meters.
- 4) Ambulance noise on road, door being closed and loaded, litter sliding into ambulance.
- 5) Men talking at near distance.
- 6) Etc.

NOTE: The demonstration is most effective if men are told to show hands when they see or hear something; then repeat once or more. Instructor can use a red light to see class response.

2 Critique (2 min).

j. Marches and Bivouacs (27 hrs)

(1) Period 1. (1 hr), Marches and Bivouacs, March Discipline

(LP 112-1-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Chalkboard and eraser.

Projector set AS/2, 16mm and screen, projector

70" x 7", BM-10.

TF 7-2889 Foot Marches (Running Time 23 minutes).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-10 (May 57), para 132, 253d, 257-269; FM 21-18

(Jul 58), para 1-58.

(e) Training Objectives:

1 Trainees will know:

a Factors that make up good marching and march discipline.

b Elements of correct personal hygiene and sanitation, water and salt discipline, disposal of human wastes in camp and on the march.

c Rules for marches and halts concerning distance between men, step, formations, traffic guards, and actions at halts.

- d Responsibilities of medical personnel assigned to marching units.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

- 1 Introduce the subject (2 min).
- 2 Explain and demonstrate (where possible) (18 min).
  - a A successful march.
  - b Factors affecting the march:  
Equipment adjustment, loads, physical condition and attitude, march discipline, hygiene and sanitation to include care of feet, personal hygiene, water discipline, salt, disposal of body wastes.
  - c Responsibilities of medical personnel assigned to marching units.
- 3 Introduce and show TF 7-2889 Foot Marches (Running Time - 23 min) (25 min).
- 4 Critique the film (2 min).
- 5 Summary (3 min).

(2) Period 2. (2 hrs): Tent Pitching and Assembling the Pack  
(LP 112-2-H).

(a) Training Facility Requirements:

Outdoor training area.

(b) Instructional Aids and Equipment Requirements:

One (1) shelter half, one (1) blanket, one (1) combat pack, three (3) tent poles, section, one (1) tent rope, five (5) tent pins, one (1) entrenching tool, (furnished by organization), duffel bag.

(c) Trainee Equipment Requirement:

Class "C" uniform; each trainee with one (1) blanket, one (1) shelter half, combat pack, tent pins, poles, rope, and entrenching tool, duffel bag.

(d) References:

FM 21-18 (Aug 61); FM 21-18 (Jul 1958), para 2-4.

(e) Training Objectives:

The trainee will assemble and adjust a pack, and pitch a two-man tent.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, Practical Exercise.

1 First Hour: Pitching the 2-man tent (50 min).

NOTE: The PI and the AIs prepare 3 demonstration teams ahead of time.

In class the three tent pitching teams (1/3 of the class) each men paired, are grouped, around demonstrator teams. AIs and PI instruct their groups separately throughout. AIs and PI explain

steps below (one at a time) while their demonstrators demonstrate. Immediately after each step, AIs and PI have their trainees take this step until the 12 steps are taken by all.

a Introduce the subject (1 min).

b Explanation, Demonstration and Application (47 min).

- 1) Spread shelter halves for buttoning.
- 2) Button shelter halves.
- 3) Attach guy lines.
- 4) Assemble poles, insert spindles in grommets, drive two front footstop pins and attach front footstops to pins.
- 5) Drive front guy line pin, attach guy.
- 6) Repeat step 4 at rear of tent.
- 7) Repeat step 5 at rear of tent.
- 8) Drive pins and attach center footstops.
- 9) Complete the erection of the tent.
- 10) Ventilate.
- 11) Display equipment.
- 12) Strike tents.

NOTE: Instructors PI and AIs will provide any assistance and make any necessary correction to members of their respective groups. If time permits, tents will be pitched a second time w/o explanations, pitching tents over the already driven tentpins.

c Review and critique. (2 min).

2 Second hour. Assembling the pack (50 min).

a Introduce the subject (1 min).

b Explanation, Demonstration and Application (47 min).

NOTE: The PI and 2 AIs conduct this training in three groups, each under the PI of an AI, step-by-step in exactly the same manner as the first hour of this period.

- 1) Prepare shelter half w/the blanket for rolling.
  - 2) Place pole sections, pins and tent rope in position.
  - 3) Fold and roll pack.
- c Summary (2 min).

(3) Period 3. (1 hr): Marches and Bivouacs, Road March Shakedown

(LP 112-3-H)

(a) Training Facility Requirements:

Outdoor training area. Roads on post.

(b) Instructional Aids and Equipment:

None.

(c) Trainee Equipment Requirements:

Class "D" Uniform w/full field pack.

(d) References:

FM 21-18, Aug 61.

(e) Training Objectives:

The trainee will perform road march procedures taught in 1st Period.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: Trainees are informed the day before that this period will require Class "D" Uniform w/full pack.

1 Introduce the subject (1 min).

2 Inspection and road march (49 min).

a Fall class in and appoint 1 man in each squad as medic.

b Make quick inspection of gear; correct faults.

c Make a 39-min loop march in column on both sides of the road returning to starting point, and observing all safety rules and march procedures covered in LP 112-1-H; having Squad Medics perform normal Medic duties.



APP E, LOs (Cont'd)

d Upon return to starting point take a 7-minute "break" at which troops and acting squad Medics are caused to do as they would at a 10 minute halt on the road, e.g., get off the road and rest, not cross the road, establish safety guards, check for blisters on feet and foot ailments, adjust equipment and drink small amounts of water from canteens. Conduct critique during this "break."

(4) Period 4. (1 hr): Issue and Inspection of Bivouac Equipment

(LP 110-21-H)

(a) Training Facility Requirements:

Company Area.

(b) Instructional Aids and Equipment:

Bivouac Equipment for bivouac week in the field.

(c) Trainee Equipment Requirements:

As specified in Unit SOP.

(d) References:

Unit SOP; FM 21-15.

(e) Training Objectives:

Trainees will assist in drawing and accounting for unit and personal equipment to be used for the bivouac and place it in proper condition.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

1 Practical Exercise (50 min).

a Have trainees assist in drawing, counting,

accounting for all equipment to be drawn from the various sources for bivouac.

b Have trainees draw their own sleeping bags and

display them on their bunks. Inspect them.

c Have trainees check (against listings) all their

clothing and equipment needed for the bivouac for completeness and serviceability.

d Inspect each trainees clothing and equipment for

completeness and serviceability.

(5) Period 5. (4 hrs): Daylight Administrative and Tactical Motor March; Establishment of Bivouac (LP 112-4-H).

(a) Training Facility Requirements:

Roads on Post, Roads to Camp Bullis and at Camp Bullis.  
Bivouac Site at Camp Bullis.

(b) Instructional Aids and Equipment:

One (1) Map, USA, 1:25,000 Camp Bullis Sheet 6243 II NE.  
Five (5) Simulators, Proj Ground Burst.  
Thirty-two (32) Firecrackers, M-80.  
Five (5) Simulator, Hand Grenade M-116.  
Forty (40) Ctg., Blank, 7.62mm  
Four (4) Simulator, Proj., Air Burst.  
One (1) Pistol, Very.  
Eight (8) Radios, ANC/PRC-10.  
Two (2) Whistles, Thunder.  
Two (2) Maps, Otis Ridge 1/25,000 (Camp Bullis).  
Two (2) Uniforms, Aggressor.  
Two thousand (2,000) tablets, water purification.  
Three (3) Tents, Officers, wall complete w/poles  
and pins One (1) for Bivouac Cmdr and Bivouac Hq;  
Two (2) for Cadre.  
Two (2) Latrine screens, complete with/poles and pins.  
Six (6) Cots, folding (Bivouac Cmdr and Cadre).  
One (1) Field Medical Bag, modified, per trainee as follows:

APP E, LOs (Cont'd)

6545-927-4960 Surgical Instrument and Supply

Set Individual (Complete) Bag, Empty ~

(Modified)		
Splint, Wire Fabric Roll	ea	1
Bandage, Gauze Camouflaged 3" x 6"	ea	4
Bandage, Muslin " 37" x 37" x 52"	ea	4
Dressing, First Aid 4" x 7"	ea	4
Dressing, First Aid 7½" x 8"	ea	2
Adhesive Tape, Surg 3" x 5 yds	rl	2
Tourniquet Non-Pneumatic	ea	1
Airway Pharyngealplastic Adult-Child	ea	1
Pins, Safety Med 12s	cd	1
Pencil Black Lead	ea	1
Cotton Elastic Bandage 2" 12s	ea	2
Cotton Elastic Bandage 3" 12s	ea	2
Gauze Roller 2" 12s	ea	3
Bandage Muslin 3" 12s	ea	3
DD Form 1380 US Field	bk	1
Benzalkonium Chloride Tinc	pkg	1
Wax Pencil, Red	ea	1

(c) Trainee Equipment Requirements:

Class "D" Uniform w/full field pack.

(d) References:

FM 7-100 (Nov 6), para 321-336; FM 21-11 (Jul 59),  
para 24, 28, 29; FM 21-18 (Jul 58), para 1-58.

(e) Training Objectives:

1 Trainees, under realistic administrative and tactical motor march and foot march conditions will perform properly their duties:

a Loading and unloading from vehicles (equipment and personnel).

b Acting as air guards.

c At halts (rest, foot and gear check).

d As passenger in vehicles.

e As traffic guards.

f While marching on foot.

g As squad and platoon aidmen.

2 The trainee under realistic field conditions and supervision will establish himself in a model bivouac doing the following:

a Erect 2-man tent.

b Observe dispersal rules.

c Take advantage of natural cover and concealment.

d Camouflage tent.

e Ditch tent.

f Arrange equipment and duffle neatly.

- g Dig slit-trench latrines and model kitchen disposal installations.
- h Erect cadre tentage.
- i Install and fill Lister Bags.
- j Use water purification tablets for canteen water purification.
- k Bathe from helmet.
- l Act as squad and/or Platoon Aidman.
- m Conform to personal and mess sanitary regulations.

NOTE: Cadre will require conformity to these objectives throughout the entire bivouac period.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

- 1 Introduce the subject (1 min).
- 2 Explanation (5 min).
  - a Read and explain an appropriate operations order for move to bivouac; 1st portion motor march, 2nd portion foot march.
- 3 Load troops and conduct motor and foot march to bivouac area carrying out training objectives in par (e) 1 above (114 min).
- 4 Establish bivouac carrying out the training objectives in par (e) 2 above (120 min).

NOTE: Times indicated in parenthesis are intended as a guide only.

(6) Period 6. (5 hrs): Tactical Daylight Road March (LP 112-5-H)

(a) Training Facility Requirements:

Field Training Area Camp Bullis.

(b) Instructional Aids and Equipment:

One (1) Map USA 1:25,000 Camp Bullis Sheet 6243 II NE.

Twelve (12) Cap, Blastin, Elec.

Twelve (12)  $\frac{1}{4}$  lb block, TNT

Fourteen (14) Simulator, Projectal, Air Burst.

Eight (8) Grenade, Hand, Gas, Tear (CS).

Forty (40) Firecrackers, M-80.

Ten (10) Simulator, Projectal, Ground Burst.

Five (5) Simulator, Hand Grenade M-116.

Four (4) Grenade, Smoke, White.

One (1) Grenade, Smoke, Violet.

One (1) Grenade, Smoke, Red or Yellow.

Sixty (60) CTG 7.62 Blank.

Two (2) Rifles, M-14, 7.62.

Two (2) Whistles, Thunder.

One (1) Pistol, Very.

Four (4) Maps, Otis Ridge, 1/25,000.

Eight (8) Radios, ANC/PRC 10 Complete.

Two (2) Radios, ANC/PRC 6 - frequency 49.2.

Two (2) Compasses, Lensatic.

Four (4) Uniforms, Aggressor.

(c) Trainee Equipment Requirements:

Class "D" Uniform w/full field pack and Field Medical Bag

Modified w/contents as follows:

APP E, LOs (Cont'd)

6545-927-4960 Surgical Instrument and Supply

Set, Individual, (complete) Bag, Empty -

(Modified)

Splint, Wire Fabric Roll	ea	1
Bandage, Gauze, Camouflaged 3" x 6"	ea	4
Bandage, Muslin, Camouflaged, 37" x 37" x 52"	ea	4
Dressing, First Aid 4" x 7"	ea	4
Dressing, First Aid 7½" x 8"	ea	2
Adhesive Tape, Surg 3" x 5 yds	rl	2
Tourniquet, Non-Pneumatic	ea	1
Airway, Pharyngealplastic Adult-Child	ea	1
Pins, Safety, Med 12s	cd	1
Pencil, Black, Lead	ea	1
Cotton, Elastic, Bandage, 2" 12s	ea	2
Cotton, Elastic, Bandage, 3" 12s	ea	2
Gauze, Roller 2", 12s	ea	3
Bandage, Muslin, 3" 12s	ea	3
DD Form 1380, US Field	bk	1
Benzalkonium Chloride Tinc	pkg	1
Wax, Pencil, Red	ea	1
One (1) Truck, ¼ ton, 4 x 4		
One (1) Helicopter, H-21		
Two (2) Trucks, ¾ ton, 4 x 4		
Two (2) Trucks, ½ ton, FIA		



(d) References:

FM 21-10 (May 1957), para 132, 253d and 157-261; FM 21-11 (July 1959), para 24, 28, 29; RM 21-18 (July 1962), para 1-48, App IV, para 1-10; Change 1 & 2 to FM 21-11 (July 1959).

(e) Training Objectives:

Trainees will march by foot on roads, trails and across country performing properly:

- 1 Marching, keeping distance, tactical formations and acting as road guards.
- 2 Security duties on the march and at halts.
- 3 Care of feet.
- 4 Adjustment of equipment.
- 5 Duties of squad and platoon aidman.
- 6 March and water discipline.
- 7 Prepare (as necessary) and eat a meal in the field.
- 8 Under artillery fire.
- 9 Under CBN attack (including 1st aid).
- 10 In response to guerrilla ambush (at least 5 times).
- 11 Negotiating a mine field.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

- 1 Introduction - review, distance formations, traffic guards, foot care, and adjustment of equipment; purpose of exercise; read an order covering a tactical situation that will fulfill all of the training objectives set forth in par (e) 6 (5 min).

2 Practical Exercise - foot march (4 hrs, 48 min).

NOTE: The exercise will be conducted according to the following general plan and instructions.

General Plan

Trainees will conduct a four (4) hours, 48 min tactical road march during daylight, applying the principles outlined in the preceding periods of instruction.

Instructor and assistant instructors will closely supervise and make "on-the-spot" corrections during the course of the march.

During breaks and at the end of the march, instructors will supervise appointed squad aidmen in conducting a foot inspection, and check on physical readiness of men in their squads for the march.

NOTE: Squad and Platoon Aidmen (4 per platoon) will be designated at start of march and the duty rotated after each casualty situation.

Instructions to Trainees

Instruction will read Operations Order at start of march.

Trainees will be organized into two platoons.

The presently designated squad leaders will continue to act in their appointed capacity.

Formation - column of two's.

Traffic guards; 50 meters to the front and rear of column.

Assistant Instructor Activities

Read following at noon break:

"This unit has just been ordered back to its original position. Command anticipates a strong enemy push and possible breakthrough in this sector and is withdrawing all medical units accordingly."

Check the distance between men.

See that the formation is maintained.

Check distance between platoons.

Check that proper security is maintained on the march.

Make sure that traffic guards know how to slow or stop traffic.

Be sure everyone moves off the road and takes proper security during the rest halt.

Check the trainees for foot ailments.

Indicate enemy action and supervise trainee action (1) under artillery fire (2) under CBN attack, (3) in response to guerrilla ambush, (4) negotiating a mine field.

At each tactical situation, designate casualties, supervise treatment, and declare "casualties" "well" in time to continue the march.

NOTE: A 15 minute break will be given after the first 45 minutes of march to check trainees feet and equipment. After the first break, breaks and foot inspection will be devoted 10 minutes per hour. A complete foot inspection will be made at the conclusion of the foot march.

3 Summary, critique, and foot inspection (15 min).

(7) Period 7. (4 hrs): Tactical Night March and Occupation of  
Bivouac Site (LP 112-6-H).

(a) Training Facility Requirements:

Field Training Area, Camp Bullis.

(b) Instructional Aids and Equipment:

One (1) Map, USA, 1:25,000 Camp Bullis Sheet 62343 II NE.

Eight (8) Radios, AN/PRC-10 complete.

Two (2) Radios, AN/PRC 6 (Frequency 49.2).

Four (4) Flashlights w/red lens.

Two (2) Whistles, Thunder.

One (1) Pistol, Very.

Four (4) Rifles, M-14, 7.62mm, w/blank adaptor and selector  
switch.

Four (4) Loud speaker, LS 103B/TIQ-2.

One (1) Amp, AM 20B/TIQ-2.

One (1) Power Supply, PP 68.

One (1) Recorder, Tape, Bell and Howell.

Six (6) Uniforms, Aggressor.

Five (5) Simulator, Proj. Ground Burst.

Fifteen (15) Simulator Hand Grenade M-116.

Ten (10) Simulator, Proj. Air Burst.

Sixty-four (64) Firecrackers, M-80.

Four (4) Grenades, Smoke, White.

Two Hundred Twenty (220) Ctg., Blank, 7.62mm

Two (2) Trucks,  $\frac{1}{2}$  ton, 4 x 4, M-38, AI.

Four (4) Trucks,  $\frac{3}{4}$  ton, 4 x 4.

Two (2) Trucks,  $\frac{1}{2}$  ton FLA.

One (1) Helicopter, H-21.

(c) Trainee Equipment Requirements:

Class "D" Uniform w/full field pack and field medical bag modified w/contents as follows:

6545-927-4960 Surgical Instrument and Supply

Set Individual (complete) Bag, Empty -

(Modified)

Splint, Wire Fabric Roll	ea	1
Bandage, Gauze, Camouflaged, 3" x 6"	ea	4
Bandage, Muslin, Camouflaged, 37" x 37" x 52"	ea	4
Dressing, First Aid, 4" x 7"	ea	4
Dressing, First Aid, 7 $\frac{1}{2}$ " x 8"	ea	2
Adhesive Tape, Surg, 3" x 5 yds	rl	2
Tourniquet Non-Pneumatic	ea	1
Airway Pharyngealplastic Adult-Child	ea	1
Pins, Safety, Med 12s	cd	1
Pencil, Black, Lead	ea	1
Cotton, Elastic, Bandage, 2" 12s	ea	2
Gauze, Roller, 2" 12s	ea	3
Bandage, Muslin, 3" 12s	ea	3
DD, Form 1380, US Field	bk	1
Benzalkonium Chloride Tinc	pkg	1
Wax Pencil, Red	ea	1

(d) References:

FM 5-20 (Jan 1959), 6-10, 72-81; FM 21-18 (Nov 1962),  
para 1-58)

(e) Training Objectives:

1 Trainees will march by foot at night performing  
properly:

- a Rules for marching.
- b Security duties on march and at halts; noise and  
light discipline.
- c Care of feet.
- d Adjustment of equipment.
- e Duties of squad and platoon aidman.
- f Sanitation procedures.
- g Road guard duties.

2 Trainees will establish a new bivouac at night  
performing properly the requirements set forth under  
"Training Objectives" in Lesson Outline for Period 3,  
par (e) 2.

Trainees will perform properly in bivouac:

- a Action in vicinity of friendly aerial nuclear  
burst (simulated).
- b Under Psy-war verbal attack (sound).
- c Under artillery fire (simulated).
- d In defense of perimeter.
- e In reaction to aggressor probes and propaganda.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: The exercise will start 10 minutes after dark.

- 1 Introduction: Review foot care, equipment, formations, distance, traffic guards, light and noise discipline, and march discipline as applies at night. State purpose of exercise; read an order that will fulfill all of the training objectives set forth in par (7) (e) 1 and 2 above.

Announce instructions for occupation of bivouac at night to include quartering party, pitching and camouflaging tents, light and noise discipline, perimeter defense, guards and challenging.

- 2 Practical Exercise, Foot March (1 hr, 50 min).

NOTE: The march will be conducted according to the following general plan and instructions.

General Plan

Trainees will conduct a 1½ hour tactical road march during the hours of darkness applying the principles outlined in the first period of instruction, marches and march-discipline.

Instructor and assistant instructors will supervise closely and make on-the-spot corrections during the march.



During the first break and at the end of the march, the instructors will conduct a foot inspection.

Instructors using aggressors will capture trainees if they violate security; then release them to continue evasion.

#### Directions to Trainees

Trainees will maintain squad and platoon organization.

The presently designated squad leaders will continue to act in their appointed capacity.

Formation - Column of two's.

Traffic guards with red light, one 50 meters to the front and one 50 meters to the rear of the column.

#### Instructor Activities

Check the intervals between men. (2 or 3 meters).

See that the formation is maintained.

Check distance between platoon(s).

Make sure the traffic guards are out when needed.

Make sure the column is not on the road during rest halts.

Check men for foot ailments.

Appoint 4 aidmen per platoon. Designate casualties. Supervise treatment and declare "well" so men can continue the march.

Conduct the March

NOTE: A 15 minute break will be given after the first 45 minutes of march to check trainees feet and equipment. A complete foot inspection will be conducted at the end of the march.

3 Practical Exercise: Establishment of a bivouac at night (2 hrs).

NOTE: The bivouac will be established according to the following general plan and information.

General Plan:

Assign squad leaders areas for their squads.

Men will pitch shelter tents.

Camouflage tents and equipment.

Noise and light discipline.

Security.

Trainee Activities:

Quartering party will be sent to bivouac area prior to darkness (one man per squad).

Squads will be placed in position, to facilitate forming a perimeter type defense.

Light and noise discipline will be observed.

Tents pitched, camouflaged and trenched.

Straddle trench will be dug and marked.

Security posted.

Casualties will be indicated and designated aidmen will render emergency medical treatment.

Instructor Activities

Simulate friendly nuclear burst, by aerial burst (Very Pistol).

Initiate psychological warfare, using sound vehicle.

Simulate artillery by exploding M-80 Firecrackers 50 meters outside perimeter.

Test perimeter defense by probing and attempting to infiltrate:

Hang aggressor signs on tents, vehicles and trees.

Conceal dummy grenade and propaganda on person for trainees to find during search.

All personnel other than P.I. with class will wear aggressor uniforms.

All aggressor operations will be executed from central control area and on command of control.

(8) Period 8. (5 hrs): Cross Country March (LP 112-7-H)

(a) Training Facility Requirements:

Field Training Area Camp Bullis.

• (b) Instructional Aids and Equipment:

One (1) Map Camp Bullis Sheet 6243 II NE, 1:25,000.

Four (4) Grenades, Hand, Tear, (CS).

Ten (10) Simulator, Proj, Ground, Burst.

Twenty (20) Firecrackers, M-80.

Five (5) Simulator, Hand Grenade, M-116.

Six (6) Grenades, Hand, Smoke, White.

One-Hundred (100) Ctg, Blank, 7.62mm.

Eight (8) Simulator, Proj., Air Burst.

Two (2) Whistles, Thunder.

Six (6) Uniforms, Aggressor.

Four (4) Maps, Otis Ridge, 1/25,000.

Eight (8) Radios, AN/PRC 10, Complete.

Two (2) Radios, AN/PRC 6-Frequency 49.2.

Two (2) Rifles, M-14, 7.62mm.

One (1) Pistol, Very.

One (1) Helicopter H-12.

One (1) Truck  $\frac{1}{2}$  ton 4 x 4 M-38AT.

Two (2) Two Ton 4 x 4.

(c) Trainee Equipment Requirements:

As specified in Unit SOP. Class "D" uniform w/full field pack and Field Medical Bag, Modified, Per trainee.

## 6545-927-4960 Surgical Instrument and Supply

## Set Individual (complete) Bag, Empty

(Modified)

Splint, Wire Fabric Roll	ea	1
Bandage, Gauze Camouflaged 3" x 6"	ea	4
Bandage, Muslin " 37" x 37" x 52"	ea	4
Dressing, First Aid 4" x 7"	ea	4
Dressing, First Aid 7½" x 8"	ea	2
Adhesive Tape, Surg 3" x 5 yds	rl	2
Tourniquet Non-Pneumatic	ea	1
Airway Pharyngealplastic Adult-Child	ea	1
Pins, Safety Med 12s	cd	1
Pencil Black Lead	ea	1
Cotton Elastic Bandage 2" 12s	ea	2
Gauze Roller 2" 12s	ea	3
Bandage Muslin 3" 12s	ea	3
DD Form 1380 US Field	bk	1
Benzalkonium Chloride Tinc	pkg	1
Wax Pencil, Red	ea	1

(d) References:

FM 21-10, (May 1957), para 132, 253d, 157-261;  
FM 21-11 (Jul 1959), para 24, 28, 29; FM 21-18 (Jul 1962),  
para 1-58.

(e) Training Objectives:

Trainees will march on foot by trails and across  
country performing properly:

- 1 Reaction to ambush (at least 5 times).
- 2 Action to be taken when under air attack.
- 3 Action to be taken when under gas attack.
- 4 Action to be taken when under artillery attack.
- 5 Taking up and maintaining tactical formations.
- 6 Security measures on the march and at the halt.
- 7 Care of feet.
- 8 Adjustment of equipment.
- 9 Sanitation.
- 10 Prepare (as necessary) and eat a meal in the field.
- 11 Duties of squad and platoon aidmen.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

- 1 Introduction - Review reaction to ambush; action  
under gas attack, air attack, artillery attack;  
formations and security; sanitation; duties of squad  
and platoon aidmen (15 min).
- 2 Practical Exercise - foot march.

NOTE: The exercise will be conducted according to the following general plan and instructions (4 hrs, 30 minutes).

General Plan

Trainees will perform cross country tactical foot march during daylight, applying lessons learned and practiced in their field training.

Rest breaks will be given as tactical conditions permit.

"On-the-spot" corrections will be made throughout the march.

"Spot" critiques will be held following each tactical situation.

An appropriate Operations Order will be read to trainees to begin practical exercise.

Instructions to Trainees

Trainees will be organized into squads and platoon(s).

Point and rear guards posted fifty yards to the flanks.

Flank guards posted 50 yards to front and rear of column.

Instructor Activities

Insure interval between trainees is maintained.

Insure front, rear and flank guards know their duties.

Insure formation is maintained.

Conduct "Spot" critiques.

AFP E, LOs (Cont'd)

Make "On-the-spot" corrections.

Make checks of trainees for foot ailments.

Give rest halts as march conditions permit.

Fifteen (15) minute halt should be given after the first forty-five (45) minutes of march to check trainees' feet and equipment. A complete foot inspection will be conducted at the end of the march.

Read situation briefing to trainees during noon meal halt:

"The 423d Medical Company has been ordered to remain in this sector due to a decrease in fighting. This unit is reassigned to the 1st Brigade of the 24th Division and has been ordered to move back to Coord 433843 where there will be pick-up trucks to move this unit to a new location."

Designate casualties and supervise treatment and declare patient "well" to continue the march.

Special Situations:

Situation #1

a Type - Gas attack.

b Time and Place - Approximately 0915 hrs,  
Vic 457854.

c Scope - Trainees will come under attack by air. Helicopter (H-13) will deliver smoke screen along column of troops. Aggressors



APP E, LOs (Cont'd)

will deliver gas with CS grenades in conjunction with delivery of smoke screen by helicopter.

- d Trainee Actions - Trainees will take cover and mask and move out of contaminated area. Once clear of the area the trainees will unmask and continue the march.
- e Indicate "casualties" and supervise treatment. Declare "well" in time to continue the march.

Situation #2:

- a Type - Artillery attack.
- b Time and Place - Approximately 1015 hours, Vic 455870
- c Scope - Trainees will be subjected to artillery fire from aggressor forces. Aggressors will use M-80 firecrackers, smoke grenades and air burst simulator to deliver artillery barrage.
- d Trainee Actions - Trainees will move out of barrage impact area as fast as possible maintaining their formation.
- e Indicate "casualties" and supervise treatment. Declare "well" in time to continue the march.

Situation #3:

- a Type - Hit and run ambush.
- b Time and Place - Approximately 1215 hours, Vic 444870 and other selected times and places.

- c Scope - Trainees will be subjected to hit and run ambush by very small aggressor force employing simulated rifle fire and grenades. Ambush will be of short duration and aggressors will move out of area quickly.
- d Trainee Actions - Trainees will take cover and concealment and then move out of ambush zone using the best cover available.
- e Indicate "casualties" and supervise treatment. Declare "well" in time to continue the march.

Situation #4:

- a Type - Aircraft Bombing Attack.
- b Time and Place - Approximately 1300 hours, Vic 439863.
- c Scope - Trainees will be brought under bombing attack by aggressor aircraft. Aircraft will make at least three (3) bombing runs over the column of troops. Additional runs if needed will be directed at groups of trainees exposed to observation from the air.

NOTE: Coordination must be made ahead of time for rotary wing or other aircraft to make the required runs. If aircraft is not available, air attack will be simulated.

- d Trainee Actions - Trainees will seek cover and concealment. When aircraft withdraws trainees will continue the march.

- e Indicate "casualties" and supervise treatment.  
Declare "well" in time to continue the march.

Situation #5:

- a Type - Kill zone ambush.
  - b Time and Place - Approximately 1400 hours,  
Vic 434853 and other selected times and places.
  - c Scope - Trainees will be subjected to kill  
zone ambush by a strong, well armed aggressor  
force. Ambush will be intense and last at  
least 5 - 8 minutes. Aggressor force will  
disengage when trainees begin to recover from  
initial impact of ambush.
  - d Trainee Actions - Trainees will seek cover and  
concealment and then begin to move out of  
ambush zone by moving in direction of ambush  
fire. When aggressors disengage from contact,  
trainees will reorganize and continue the march.
  - e Indicate "casualties" and supervise treatment.  
Declare "well" in time to continue the march.
- 3 Review, critique and foot inspection (15 min).

(9) Period 9. (2 hrs): Tactical and Administrative Motor March  
(LP 112-8-H)

(a) Training Facility Requirements:

Roads on Post, Roads to Camp Bullis and at Camp Bullis.

Bivouac Site at Camp Bullis.

(b) Instructional Aids and Equipment:

One (1) Map, USA, 1:25,000 Camp Bullis Sheet 6243 II NE.

Five (5) Simulator, Proj Ground Burst.

Thirty-two (32) Firecrackers, M-80.

Five (5) Simulator, Hand Grenade M-116.

Forty (40) Ctg, Blank, 7.62mm.

Four (4) Simulator, Proj., Air Burst.

One (1) Pistol, Very.

Eight (8) Radios, ANC/PRC-10.

Two (2) Whistles, Thunder.

Two (2) maps Otis Ridge 1/25,000 (Camp Bullis).

Two (2) Uniforms, Aggressor.

Two-thousand (2,000) Tablets, water purification.

Three (3) Tents, officers, wall complete w/poles and  
pins One (1) for Bivouac Cmdr and Bivouac Hq;

Two (2) for Cadre.

Two (2) Latrine Screens, complete with/poles and pins.

Six (6) Cots, folding (Bivouac Cmdr and Cadre).

## (c) Trainee Equipment Requirements:

As specified in Unit SOP. Class "D" Uniform  
w/full field pack and Field Medical Bag,  
modified (per trainee) w/contents as follows:

## 6545-927-4960 Surgical Instrument and Supply

## Set Individual (complete) Bag, Empty

Splint, Wire Fabric Roll	ea	1
Bandage, Gauze, Camouflaged 3" x 6"	ea	4
Bandage, Muslin, " , 37" x 37" x 52"	ea	4
Dressing, First Aid 4" x 7"	ea	4
Dressing, First Aid 7½" x 8"	ea	2
Adhesive Tape, Surg 3" x 5 yds	rl	2
Tourniquet Non-Pneumatic	ea	1
Airway Pharyngealplastic Adult-Child	ea	1
Pins, Safety Med 12s	cd	1
Pencil Black Lead	ea	1
Cotton Elastic Bandage 2" 12s	ea	2
Cotton Elastic Bandage 3" 12s	ea	2
Gauze Roller 2" 12s	ea	3
Bandage Muslin 3" 12s	ea	3
DD Form 1380 US Field	bk	1
Benzalkonium Chloride Tinc	pkg	1
Wax Pencil, Red	ea	1

(d) References:

FM 7-100 (Nov 6), para 321-336; FM 21-11 (Jul 59), para 24, 28, 29; FM 21-18 (Jul 58), para 1-58.

(e) Training Objectives:

1 Trainees, under realistic administrative and tactical motor march conditions will perform properly their duties.

a Loading and unloading from vehicles (equipment and personnel).

b Acting as air and road guards.

c Security duties (at halts and on the march).

d As passengers in vehicles.

e As squad and platoon aidmen.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

1 Introduction: Give rules for Tactical Administrative Marches, and Night Marches (5 min).

2 Practical Exercise (1 hr, 50 min).

NOTE: The exercise will be conducted according to the following guidance:

General Plan

Trainees will execute a tactical motor march under blackout conditions from Vic Coordinates 533844 to assembly area Vic Coordinates 406795.

During tactical motor march trainees will be subjected to hit and run ambush.

A 15 minute halt will be made upon arrival in assembly area. During this time a critique of the tactical motor march will be held.

Convoy will be regrouped in assembly area and trainees will execute an administrative motor march to company area at Fort Sam Houston, Texas.

Vehicles will be released on Administrative Motor March at three minute intervals to preclude necessity for convoy escort.

Instructions to trainees:

An appropriate Operation Order which will include a situation, mission and security responsibilities of each unit and vehicle assignments will be read to trainees prior to beginning of practical exercise phase.

Trainee squad leaders insure squad integrity is maintained throughout march.

Noise and light discipline will be maintained at all times during tactical phase.

While vehicles are moving, trainees will remain seated and keep arms and legs inside vehicle.

Instructor Activities:

Insure that convoy speed, (8-10 miles per hour) is maintained with distance of 20 meters between vehicles.

During halts insure that all vehicles are on right shoulder of road with guards posted with flashlights, 50 meters to front and rear of convoy.

Account for all personnel after each halt.  
Conduct Practical Exercise (70 min).

Special Situation:

Type - Hit and Run Ambush.

Time and Place - Approximately 2000 hrs Vic, Junction at Cowgill Road and Lewis Valley Road.

Scope - Tactical motor convoy will be subjected to aggressor hit and run ambush. Aggressors will attack with simulated mortar and rifle fires. Ambush will be intense but of short duration. When trainees start to take action, aggressors will disengage.

Trainee Actions - Convoy will halt and trainees will detruck and seek cover maintaining squad integrity. When aggressors disengage, convoy will regroup and continue to march.

3 Summary (5 min).



(10) Period 10 (2 hrs): Care and Turn-in of Bivouac Equipment

(LP 112-9-H)

(a) Training Facility Requirements:

Company Area.

(b) Instructional Aids and Equipment:

Bivouac Equipment for bivouac week in the field.

(c) Trainee Equipment Requirements:

As specified in Unit SOP.

(d) References:

Unit SOP; FM 21-15.

(e) Training Objectives:

Trainee will assist in cleaning, accounting for and turning-in unit and personal equipment used for the bivouac.

(f) Lesson Outline:

**NOTE:** Instructional Method: Practical Exercise.

1 Introduction (3 min)

Outline purpose and tasks for the period.

2 Application (105 min). Have all trainees participate

in cleaning, sorting, accounting for and turning-in equipment (both unit and personal) used for the bivouac.

3 Summary (2 min).

k. Survival, Evasion and Escape (10 hrs)

(1) Period 1. (1 hr): Survival Evasion and Escape (LP 117-8-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

Chalkboard, chalk and eraser; TF 21-1973 taped on TV;

One (1) GTA 21-50 Plus One (1) GTA 21-50 per trainee.

(c) Trainee Equipment Requirements:

As specified in Unit SOP.

(d) References:

FM 21-77 (November 1965), Chapter 2 and 10.

(e) Training Objectives:

Trainee will know his duties and responsibilities

in the event of capture or being cut off behind enemy lines.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape of TF 21-1973, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (3 min).

Introduce the subject and TF 21-1973, (taped) "Escape"

(Running Time 45 min).

2 Explanation and Demonstration

Show TF 21-1973 (taped) (45 min).

3 Summary (17 min).

(2) Period 2. (2 hrs): Survival (LP 117-9-H)

(a) Training Facility Requirements:

Lightly wooded area at Camp Bullis w/improvised stands.

(b) Instructional Aids and Equipment:

One (1)  $\frac{1}{2}$  ton vehicle.

Two (2) rabbits.

Two (2) or more armadillos (availability is dependent upon initiative and skill of cadre and trainees in the hours prior to class time).

Two (2) chickens.

One (1) dead fall.

One (1) hanging snare.

One (1) simple drag noose.

One (1) crate type trap.

One (1) fixed snare.

One (1) fire pit w/grill (heavy mesh wire).

Fifty (50) gallons of water.

One (1) ammunition can (prepared as stove).

Four (4) ponchos.

One (1) hasty shelter.

One (1) bough shelter.

One (1) sling shot.

One (1) bow and arrow.

One (1) spear.

One (1) throwing club.

One (1) old helmet.

One (1) piece of plastic (transparent 5' x 5' for  
solar still

Ten (10) small stakes (improvised) for solar still

One (1) weight (approx 5 lb) for bottom of still

One (1) can or old helmet for bottom of still

One (1) shovel for digging still hole.

One (1) quantity of newspapers, on which to dress animals

Salt, pepper and other condiments.

(c) Trainee Equipment Requirements:

As specified in Unit SOP.

(d) References:

FM 21-76.

(e) Training Objectives:

1 Trainees will know:

a Basic rules for survival.

b How to make fire with or w/o matches or lighter.

c Four (4) ways to cook, using improvised crude  
facilities.

d How to improvise cooking utensils.

e How to start a fire to heat C-ration on improvised  
gasoline stove and on manifold of vehicle.

f Marking of Army containers not to be used in food  
preparation.

g How to make a hanging snare, dragnoose, fixed snare  
and dead fall.

h How to kill game with sling shot, spear or club.

- i How to improvise field shelters and bed, use caves and precautions for entering native huts.
- j How to avoid insect-borne disease, fleas, ticks, mites, chiggers and lice.
- k How to purify, how to catch rainwater, find water in dry stream beds, get water from plants and vines, and construct a solar still.
- l Sources of food, generally.
- m That water is the first essential, then food.
- n Hazards of survival - parasites, spiders, scorpions etc and how to avoid.
- o What to do if bitten by poisonous snake or lizzard.
- 2 Trainees will:
  - a Participate in killing, cleaning and cooking either a chicken, a rabbit or an armadillo.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, Practical Exercise.

- 1 Introduction (2 min).
- 2 Lecture, Demonstration and PE (93 min).
  - a Discuss all of the teaching points in the training objectives in par (2) (e) above and demonstrate starting a fire w/o matches, preparation of animals for cooking (see NOTE below); cooking methods; hanging snare, dragnoose, fixed snare and deadfall, improvised shelter and beds; solar still; and 1st aid for snake bites.

Have the trainees participate in the cooking of animals and have them eat them at the next meal.

NOTE: Have the class kill, dress and cut up all of the chickens, rabbits and armadillos according to the following plan. The instructor has two AIs hold up one animal of each kind. The AIs hold up one animal of each kind. The AIs point out on their animals the procedures for killing, dressing and cutting up (but do not kill, dress, or cut up) while the PI quickly tells how these processes are accomplished.

The class is then broken into as many groups as there are animals and each group is placed under an AI. AIs proceed to have their groups kill, dress and cut up their animals; but most important, have every man participate. A good plan for 100% participation in a group of 20 trainees would be: have 2 men kill the animal, 2 more remove\* the head, 2 more skil feathers or armor, 2 more cut open the cavity and cut around the vent, 2 more remove the insides, 2 more remove lungs, tissues, windpipe etc, 2 more cut up the upper half, 2 more cut up the lower half, 2 more wash the meat, and 2 more prepare the meat for cooking. It is most appropriate and most important that every man in training to be a Medic participate in this operation and get his hands bloody.

### 3 Summary.

\*Pocket knives borrowed from men in the class should be used.

(3) Period 3. (3 hrs): Escape and Evasion I. (LP 117-10-H)

(a) Training Facility Requirements:

Lightly wooded area at Camp Bullis.

Situation #1:

Area - Should be some natural cover and routes of evacuation available to allow trainee to hide or evacuate quickly. Defensive positions should be selected to make the situation seem real.

Situation #3:

Area - Locate situation to run for 200 yards along a road. Section of road should have some cover for concealment either side (trees, culvert, etc). Should be some artillery noise.

Situation #4:

Area - POW Camp should be constructed - Concertina wire - post - look out post in tree tops, etc. Should be located where there are a few obvious spots where a "break-out" would be the most advantageous.

Situation #5:

Same as #4.

Situation #6:

Area - Location of this situation should be in an area so that trainee can walk for about 300 or more yards. Should be some material cover and should be some type of identifying marks easily seen by the trainee (tall

trees - hills, buildings etc), so that he can maintain learning). Should construct a dummy house to represent populace, also dummy animals.

(Christmas decorations from one of the companies).

Situation #7:

Area - Situation should be located in an area where trainee can select a good position for cover both from enemy fire and weather, concealment for enemy and populace eyes, and observation of the avenues of approach to the hideout.

Situation #8:

Area - Location should be near a road with cover along either side or near an area where a good defensive position be selected for an outpost, which the trainee will be allowed to contract.

Situation #9:

Area - Clear areas so that helicopter may land.

(b) Instructional Aids and Equipment:

Situation #2:

Training Aids - One (1) field table for interrogator, two (2) dummies, two (2) dummy rifles for guards.

Situation #3:

One (1) Amplifier AM 20B/TIQ-2, one (1) Power Supply PP68, one (1) Recorder, Tape, Bell and Howell or Assimilators. Dummy guns for guards.



Situation #4:

Dummy guns for guards, shovels (put inside compound),  
tin cans (digging instrument).

Situation #5:

Same as #4.

Situation #6:

Training Aids: Dummy animals, dummy bamboo hut.

Situation #9:

Training Aids: Helicopter (if available), smoke grenades,  
fluorescent flag, toilet paper, flashlights, mirrors.

(c) Trainee Equipment Requirements:

Class "D" Uniform.

(d) References:

FM 21-77 (Nov 65), par 4-71.

(e) Training Objectives:

1 Trainee will know:

- a Advantages of early (Short Range) escape.
- b Disadvantages of delayed (Long Range) escape.
- c Requirements for successful evasion and  
escape: Organization, leadership, code of  
conduct, faith, hope, nourishment, water,  
early escape, travel at night, rest in day,  
avoid natives and populated areas. Use disguises,  
initiate natives, keep ID cards and "dog tags,"  
never wear enemy uniform, contact how to return

to friendly lines (in daylight only); discuss only officially.

2 Trainee will perform properly in a realistic field setting, in the following escape and evasion roles.

- a Avoiding capture.
- b Answering enemy questions immediately following capture.
- c Early escape.
- d Organization in a POW camp.
- e Escape from a POW camp.
- f Cross country evasion action.
- g Action at a hideout.
- h Contacting friendly outpost or patrol.
- i Arrangements for rescue by air.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

- 1 Introduce the subject. (2 min).
- 2 Conference and demonstration (18 min), and illustrate (as applicable) all of the items in par (3) (e) 1, Training Objectives (above); describe P.E. that will follow immediately.
- 3 Practical Exercise (130 min)

NOTE: Primary instructor breaks men into three groups and sends them to the three different routes of travel. An orientation will be given at each starting point for the three situations encountered in

that route of travel. Then each situation should be introduced and described per lesson plan so that each trainee can think of a solution or act to perform as he would in the situation. After the three primary instructors walk their group through their three station, they then go back to their first station and pick up the second group, etc.

Complying with these instructions, have trainees take the actions they would in each of the situations given in par (3) (e) 2 Training Objectives (above). Critique after each action.

(4) Period 4. (4 hrs): Escape and Evasion II (LP 117-11-H)

(a) Training Facility Requirements:

Field Training Area, Camp Bullis.

(b) Instructional Aids and Equipment Requirements:

Four (4) rifles, Cal. 7.62 US M-14.

Two-hundred eighty (280) rounds ammunition blank 7.62mm.

Twelve (12) radios, AN/PRC-10.

Twelve (12) flashlights - MX-991/U.

Twenty-four (24) batteries - Dry BA-30.

Twelve (12) 279/U batteries.

One (1) orientation map, 4' x 6', Otis Ridge -

Available at Camp Bullis.

Twenty-four (24) map boards, Otis Ridge, 1:25000, sheet

6243 II NE - Available at Camp Bullis.

One (1) compass, lensatic, unmounted, induction damped  
per three (3) men.

Ten (10) simulator, proj, air burst.

One (1) pistol, vary.

Four (4) loudspeakers, LS 103B/TIQ-2.

One (1) Amplifier, AM 20 B/TIQ-2.

One (1) Power supply, PP 68.

One (1) Recorder, Tape, Bell & Howell.

(c) Trainee Equipment Requirements:

Class "D" uniform.

(d) References:

FM 21-77 (Nov 65), para 4-71.

(e) Training Objectives:

Trainees will evade capture and take necessary action to escape if captured at night under field conditions opposed by aggressors.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise

1 Introduction (5 min).

Read a situation which places the entire class behind enemy lines with orders to return to friendly lines in groups of 3s and 4s.

NOTE: Instructors will divide the class into groups of 3s and 4s releasing groups at different points at different times.

2 Practical exercise (2 hrs, 40 min).

The exercise will be conducted according to the following:

a Escape and Evasion Scenario

One hour prior to darkness, a lecture on Escape and Evasion will be given. After this the trainees will be briefed as to the situation confronting them. They are to consider themselves behind enemy lines, cut off from their own forces, and are supposed to infiltrate back to their own lines by Buddy Teams consisting of 3 men to a team.

APP E, LOG (Cont'd)

Along the route of travel they are to evade aggressor forces that extend from Grid Coordinates 444864 South to Grid Coordinates 453847. Buddy Team release points will be at Grid Coordinates (436842, 432843, 427846, 429856) which are generally along Malabang Trail. They are to traverse an area of approximately 3000 meters ending at Grid Coordinates 463846, which is considered the friendly lines (along Blanco Road).

Prior to teams moving out, Assistant Instructors will check to insure that the teams have the correct azimuth setting and distance to finishing point.

Upon completion of the problem, trainees are instructed to turn in their compasses and map boards to the principal instructor and then trainees are turned over to their own Unit Control NCO.

b Sequence of Events, Escape and Evasion Problem

- 1) Upon EENT (End of Evening Nautical Twilight), trainees are broken down into three (3) man teams and issued a map and compass, and sent to release point with an Assistant Instructor (See Annex E for layout of course).
- 2) Trainees are moved to release points and given problem briefing by the Assistant Instructor. (See Scenario, Page 1, Annex C).

- 3) Trainees evade to a designated termination point.
- 4) 2230 hours (varying with starting time) - approximate time for all teams to be at designated termination point.

c Instructions for Aggressor Detail

- 1) Aggressor detail is deployed in blocking positions extending along Grid Coordinates 440854, 439841, 449842, 452850.
- 2) There will be no physical contact of any type with the trainees during the problem. At the same time instructors are expected to halt groups, capture as many as they can in order to make the escape "play" real.
- 3) Aggressor detail will be in stationary positions and are to fire blank ammo, when trainees are heard, in an effort to throw them off course.
- 4) Each aggressor position will have an AN/PRC-6 or AN/PRC-10 radio and they are to give periodic reports on the progress of the problem in their particular areas. Radio traffic should be limited and controlled to avoid confusion and delay in the execution of the problem.

APP E, LOs (Cont'd)

- 5) The first and second aggressor phase line will be patrolled by an assistant instructor in vehicle. The final phase line along Blanco Road fire break, is also patrolled to pick up anyone missing the finishing point.
- 6) At no time will aggressors chase trainees, or fire directly at or within 20 feet of them. All firing will be straight up.
- 7) Assistant Instructors at Release Point move to second and final phase lines after releasing trainees.
- 8) All aggressor detail will be dressed in aggressor uniform.

3 Summary (15 min).



1. Medical Service Tentage (6 hrs) (LP 114-3-H)

(1) Training Facility Requirements:

Tent pitching area on post.

(2) Instructional Aids and Equipment:

Six (6) latrine screens; six (6) small GP tents and four (4) medium GP tents - all complete w/pins, poles, ropes, etc; twenty-eight (28) mauls; four (4) lecturns; four (4) megaphones; eight (8) stovepipe shields; eight (8) spark arresters.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 2015, (Sept 64), pars 7, 8, 9, 25, 32, 36, 37, 38 and 39.

(5) Training Objectives:

- (a) Trainees will pitch, strike, and fold the latrine screen, and small and medium GP tents; they will know that medium GP tent is pitched, struck and folded in a manner similar to the other GP tents.
- (b) Trainees will simulate patching a tent and will loosen and tighten lines as for wet and windy weather.
- (c) Trainees will know nomenclature of parts used in pitching, how to prevent mildew.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

(a) Introduction (4 min).

1 Introduce the subject and outline procedures that will be followed.

2 Divide into four groups (I, II, III and IV) with an instructor and assistant instructor assigned to each group.

Assign Groups I and II to the Small General Purpose Tent and Latrine Screen for the first 3 hours, and the Medium and Large General Purpose Tents for the second 3 hours.

Assign Groups III and IV to the Medium and Large General Purpose Tents for the first 3 hours, and the Small General Purpose Tent and Latrine Screen for the second 3 hours.

Divide personnel into groups, and assign instructors and assistant instructors for groups I and II.

NOTE: All pitching, striking and folding will be taught as covered in FM 20-15.

(b) Explanation, demonstration, application and critique small G.P. tent latrine screen (147 min).

1 Small General Purpose Tent (83 min).

a Explain briefly use and description.

NOTE: Divide personnel into 6 or 7-man teams, utilizing squad leaders (or others) as team leaders. Each instructor then, without demonstration talks his teams (each team having appropriate tentage, etc.) through the pitching of the tent, and make corrections as necessary.

- b Pitch tents.
- c Explain use, features how to drain, how to prevent mildew.
- d Simulate patching.
- e Tighten and loosen lines as for rain and wind.
- f Install spark arrester.
- g Strike using instructional methods used in pitching.
- h Fold using same instructional methods.

2 Latrine Screen (60 min).

- a Pitch, strike and fold latrine screen using same instructional methods as for small G.P. tents.
- b Explain use, features, how to drain.

NOTE: Instructor will have each team, without talk-through, pitch, strike, and fold the latrine screen. If time permits, have each team pitch, strike, and fold both the Small General Purpose Tent and Latrine Screen, without talk-through, for a second time.

3 Critique and review small GP tent, and latrine screen (5 min).

- (c) Explanation, demonstration and application and critique medium and large GP tents.

1 Large G.P. tents (147 min).

NOTE: Divide personnel into 10-man teams, utilizing squad leaders (or others) as team leaders. Instructor then, without demonstration, talks his teams (each team having appropriate tentage, etc.) through the pitching of the tent, and makes corrections as necessary.

- a Explain, describe, pitch, strike, and fold G.P. Medium Tents in same manner using same instructional methods as for small G.P. Tent and Latrine Screen (141 min).
- b Explain that Large G.P. Tents are pitched, struck and folded in same manner as Medium G.P. Tents (1 min).
- c Summary (5 min).

m. Military Sanitation and Prevention of Disease (14 hrs)

(1) Period 1. (1 hr): Introduction to Military Sanitation and Prevention of Disease (LP 301-1-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

When TV not available -

One (1) overhead projector.

Vu-graphs 301-1-1 thru 301-1-4.

\*H-MTC TV Tape 1-6-1 (Running Time 19:34 min);

Work Book and Study Guide, Military Sanitation.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM-8230 (May 61), para 506-512; FM 21-10 (May 57),

para 4 and 5; American Public Health Association

Control of Communicable Diseases in Man, 8th ED.

The American Public Health Association, NY, 1955.

(e) Training Objectives:

Trainees will know role of military preventive medicine and types of classifications of diseases.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

\*HumRRO-MTC produced.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-6-1, show it in appropriate sequence and adjust the remainder of the instruction accordingly.

1 Introduction (1 min).

Purpose, fundamental and principles of sanitation responsibilities of individual soldier.

2 Explanation and Demonstration (45 min).

a Define sanitation (Show Vu-graph 301-1-1).

b Define hygiene (Show Vu-graph 301-1-2).

c Define military sanitation (Show Vu-graph 301-1-3).

d Explain importance of military sanitation.

e Explain responsibility for military sanitation.

1) Command.

2) Army Medical Service.

3) Corps of Engineers.

4) Quartermaster Corps.

5) Individual.

f Explain, discuss and give examples of communicable diseases in following classifications.

1) Respiratory.

2) Intestinal.

3) Venereal.

4) Insect borne.

5) Miscellaneous.

NOTE: Show 301-1-4.

\*HumRRO-MTC produced.

g Show chain of infection (Show Vu-graph 301-1-4).

h Explain transmission by "5 fs" - flies, fingers,  
food, feces, fluids.

3 Summary.

(2) Period 2. (1 hr): Control of Respiratory Disease (301-2-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

\*H-MTC TV Tape 1-6-2 (Running time - 18:08).

When TV not available:

One (1) overhead projector.

Vu-graphs 301-9-1 and 301-9-2.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

American Public Health Association Control of  
Communicable Disease in Man, 9th Ed; The American  
Health Association, New York, N.Y. 1960.

(e) Training Objectives:

The trainee will know generally, the diseases in the  
respiratory group. Their methods of transmission and  
methods employed by the Army to control them.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

\*H-MTC 1-6-2, show it in appropriate sequence and adjust the  
remainder of the instruction accordingly.

1 Introduction (1 min).

Purpose of the period; review (name only) five groups  
of communicable diseases; military importance of  
respiratory diseases.

\*HumRRO-MTC produced.



2 Explanation (44 min).

NOTE: Show Vu-graph 301-9-1

a Describe and demonstrate chain of transmission - source, means of transmission, susceptible individuals.

b Describe diseases of importance included in respiratory group:

Common cold, influenza, diphtheria, scarlet fever, and streptococcal throat, small-pox, pneumonia, tuberculosis, meningoccal meningitis, common childhood diseases (whooping cough, measles, mumps and chicken pox).

c Describe and demonstrate (where possible)

Control of Respiratory Disease:

1) Control of Source: Isolation, quarantine, treatment, personal hygiene.

NOTE: Show Vu-graph 301-9-2

2) Control of vehicle or transmitting agent:

Avoidance of overcrowding, bed cubicals and head-to-foot sleeping. Ventilation, dust control, mess sanitation.

3) Control of susceptible individuals:

Personal hygiene, immunization (name diseases against which one can be immunized, limitations of immunized and prophylaxis.

- 4) Review (state) "5 fs." (Flies, fingers,  
food, feces, fluids).

3 Summary (5 min).

(3) Period 3. (2 hrs): Control of Intestinal Diseases and Fly Control (LP 301-3-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

\*H-MTC-TV Tape 1-6-3 (Running time - 36:19)

When TV not available:

One (1) projector 16 mm .

Film TF 8-1501 (Running time - 17:00)

One (1) overhead projector.

Vu-graphs 301-3-1 thru 301-3-4.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM-21-10 (May 1957), para 11, 11b, 12, 14 16, 18, 23, 29, 30, 31, 41, 179; Control of Communicable Diseases.

(e) Training Objectives:

Trainee will know the intestinal diseases of military significance, of transmission, their methods, and control measures used by the Army.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

If TV facilities are available, instructors review TV Tape \*H-MTC 1-6-3, show it in appropriate sequence and adjust the remainder of the instruction accordingly.

\*HumRRO-MTC produced.

1 Introduction (1 min).

Purpose of period: Types of intestinal diseases, methods of transmission and how to control.

2 Explanation and Demonstration (46 min).

a Define Intestinal Diseases.

b Explain epidemic nature.

c WWII Hospitalizations - approximately 1 million.

d Explain (as applicable) means of transmission, characteristics, body involvement, incubation period, fatality rate etc for:

1) Typhoid fever.

2) Paratyphoid fever.

3) Amebic dysentary.

4) Bacillary dysentary.

5) Cholera.

6) Bacterial food poisoning.

e Introduce and show \*TF 8-1501.

The "Stowaway" (Running Time - 17 min); critique the film.

3 Summary.

BREAK - 10 minutes

SECOND HOUR - Fly Control

4 Introduction (1 min).

Significance of fly control.

5 Explanation and demonstration.

a Explain 4 stages in life cycle of the fly.

\*TF 8-1501 is included in H-MFC TV Tape 1-6-3.

- b Explain fly in transmission of disease -  
worldwide effect on troops as carriers.  
Organisms carried (list).
- c Explain measures to control flies.
- d Explain how flies transmit organisms.
- e Explain prevention and control of Intestinal  
Diseases:
  - 1) Control source.
  - 2) Chain of transmission.

NOTE: Show Vu-graph 301-3-2 (new).

NOTE: Emphasize role and importance of food handlers and "five (5) fs."

- 3) Explain sprays etc.

NOTE: Show Devices (Vu-graphs 301-3-3 and 301-3-4).

- 4) Preventive measures.

3 Summary.

(4) Period 4. (2 hrs): Water Purification (LP 301-4-H).

(a) Training Facility Requirements:

Tent area or classroom with TV facilities.

(b) Instructional Aids and Equipment:

\*H-MTC TV Tape 1-6-4 (Running time - 33:13).

One (1) canteen with canteen cup.

One (1) Lyster bag w/poles.

Seven (7) water cans (5 gals) filled with water.

Three (3) comparator kits, complete.

Three (3) bottles Ortholidine tablets.

Four (4) Ampuls Calcium Hypochlorite.

Iodine tablets.

When TV not available:

One (1) overhead projector.

Vu-graphs 301-4-4 thru 301-4-14.

One (1) projector (16mm).

Film - TF 8-1816 ( Running time - 20:00)

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-10 (May 1957), para 41-59.

(e) Training Objective:

Trainees will know why water has to be "safe,"

importance of "safe water," and means for purification

both in quantity and individually; both in garrison  
and in the field.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration

NOTE: If TV facilities are available, instructors review TV Tape  
\*H-MTC 1-6-4, show it in appropriate sequence and adjust the  
remainder of the instruction accordingly.

1 Introduction (1 min).

Purpose of instruction, importance of safe water.

Rule for safe drinking water.

2 Explanation, Demonstration (47 min).

a Discuss and demonstrate (as applicable).

1) Spread of water borne diseases - give examples.

NOTE: Show Vu-graph 301-4-1

2) What contaminated water is.

3) What polluted water is.

4) What potable water is.

5) Rules for selection of water source:

Military situation, quality, ease of treatment.

6) Water discipline - approved sources, conserve,  
protection of water sources.

7) Methods to make water potable for individual  
and small or large units.

8) How to use iodine tablets.

NOTE: Show Vu-graph 301-4-4.

\*HumRRO-MTC produced.

9) How to use chlorinate water.

NOTE: Show Vu-graphs 301-4-5 thru 301-4-8.

10) How to make residual tests.

11) Required chlorine residual.

NOTE: Show Vu-graphs 301-4-9, 10, 11 and 12.

12) Lyster bag method of disinfecting water.

NOTE: Show Vu-graph 301-4-13.

13) Canteen Hypochlorite Method.

3 Summary (2 min).

BREAK (10 minutes)

SECOND HOUR

4 Introduction (2 min).

Relate to 1st hour; give purpose of 2nd hour, use of chemicals and Corps of Engineer methods.

5 Explanation:

a Introduce and show TF 8-1816.

Purification of Water (Running Time-20 min).

NOTE: At conclusion of film "Purification of Water," trainees will be marched to outside area (located relatively close to classroom), where training aids, lyster bag, poles, comparator kits, etc are available. Instructor will explain and demonstrate procedures of disinfecting raw water as outlined in first hour "Lyster bag method of disinfecting water" to the trainees. Time for Demonstration (25 min).



(5) Period 5. (2 hrs): Waste Disposal (LP 301-5-H)

(a) Training Facility Requirements:

First Hour: Tent area or classroom equipped with  
TV receivers.

Second Hour: Specially prepared demonstration area 9A.

(b) Instructional Aids and Equipment:

\*H-MTC TV Tape 1-6-5 (Time - 45:58).

For rainy day schedule:

One (1) overhead projector.

Vu-graphs 301-5-1 thru 301-5-9.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-10 (May 1957) Chap. 4 and 5, Para 74-96.

(e) Training Objectives:

Trainees will know the relationship of waste disposal  
to disease and the sanitary expedients used in the  
field.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture-Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
1-6-5, show it in appropriate sequence, and adjust the remainder  
of the instruction accordingly. In this instance the entire first  
hour is on the tape.

\*HumRRO-MTC produced.

1 Introduction (1 min).

Objective of Period; explain sanitary rules, field sanitary devices and their location; relationship of rodent and insect control to intestine borne diseases.

2 Explanation and demonstration (47 min).

a Define waste.

b Explain and demonstrate as practicable:

1) Classifications of waste.

2) Responsibility for waste disposal.

c Medical importance of waste disposal.

d Human waste.

e Basic principles in control of filth-borne diseases.

f Construction of latrines.

3 Summary (2 min).

BREAK - 10 minutes.

SECOND HOUR Waste Disposal.

4 Introduction (1 min).

Purpose of period: To show different types of sanitation devices used in the field.

5 Demonstration and Explanation (45 min).

NOTE: During favorable weather conditions, the trainees will be divided into groups of forty. Each group will be under the supervision of an assistant instructor. The instructor will walk his group through area 9A and describe each device as he comes to it.

NOTE: During inclement weather, Vu-graphs 301-5-1 thru 301-5-9, chalk, chalkboard will be used in conjunction with the following period of instruction to explain the different types of devices used in the field.

a Demonstrate in prepared demonstration area and explain purpose and construction of:

- 1) Cat hole.
- 2) Straddle trench latrine.
- 3) Deep pit latrine.
- 4) Mound latrine.
- 5) Pail latrine.
- 6) Urine soakage pit.
- 7) Garbage pit.
- 8) Inclined plane incinerator.
- 9) Sanitary fill.
- 10) Kitchen soakage pit.
- 11) Immersion heaters in 32 gal. cans.
- 12) 55 gal. drum vapor burner.

6 Summary (4 min).

(6) Period 6. (2 hrs): Control of Mosquito and Louse Borne Disease (LP 301-7-H)\*\*

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

\*H-MTC TV Tape 1-6-7 (Time 59:29).

When TV not available:

One (1) projector (16mm).

Film - TF 8-1495 (Time - 19 min).

Film - TF 8-1467 (Time - 15 min).

One (1) overhead projector.

Vu-graphs 301-7-1, 301-7-2, 301-7-3, 301-7-5, 301-7-6.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-10, Chap. 8-9.

(e) Training Objectives:

The trainees will know the diseases of military significance which are carried by insects, their area of incidence, control measures and life cycle of the insects that carry them.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

\*HumRRO-MTC produced.

\*\*The number 301-6-H was not used for a Lesson Plan.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-6-7, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration (46 min).

a Explain and demonstrate as applicable:

1) Control of mosquito borne diseases,  
mosquito discipline, individual and area  
protective measures.

2) World wide distribution.

NOTE: Show Vu-graph 301-7-1.

3) Life cycle.

NOTE: Show Vu-graph 301-7-2.

4) Breeding places.

5) Group characteristics and diseases transmitted  
by mosquitoes.

NOTE: Show Vu-graph 301-7-3.

a) Anopheles.

b) Aedes.

c) Culex.

NOTE: Show Vu-graph 301-7-6 and TF 8-1495 Control of Mosquito Borne  
Diseases (Running Time - 19 min).

3 Summary (3 min).

BREAK - 10 minutes

SECOND HOUR: Mosquito and Louse Borne Diseases and Their Control.

4 Introduction (1 min).

Cover scope, reason, and importance.

5 Explanation - Demonstration (44 min).

a (Concerning lice) Explain and Demonstrate as applicable:

1) Prevalence.

2) Species (Characteristics, life cycle).

a) Body louse.

b) Head louse.

c) Pubic louse.

NOTE: Show Vu-graph 301-7-41.

3) Diseases (and their symptoms) and nuisance created by lice.

4) How spread.

5) How diseases are acquired.

6) When and how to delouse.

NOTE: Show Vu-graphs 301-7-37 through 43.

b Explain (concerning ticks) and demonstrate as applicable:

NOTE: Show Vu-graphs 301-7-47 through 49.

1) Characteristics and diseases communicated.

2) Control measures in the open.

3) Control measures in buildings and on persons; destruction.

NOTE: Show TF 8-1467 "Control of Louse Borne Diseases"

(Running time - 15 min).

6 Summary (5 min.).

(7) Period 7. (1 hr): Conducting Sanitary Inspections I (LP 301-8-H)

(a) Training Facility Requirements:

Mess area in bivouac or a demonstration area.

(b) Instructional Aids and Equipment:

Field Mess and Bivouac Installations.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

None.

(e) Training Objectives:

Trainees will know the elements of a thorough sanitary inspection in the field.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (45 min).

a Explain, demonstrate as applicable:

- 1) Responsibilities of Commanding Officer,  
QM Corps, Army Medical Service to include  
role of the aidman.



- 2) Concerning food handlers:  
Permanent and temporary food handler's  
certificates; inspection of food handlers.
- 3) Concerning checks of kitchens:  
Proximity of kitchens to latrines; mess  
gear washing kit, if hot water is available  
and if hot water is not available.
- 4) Cleanliness of cooking utensils.
- 5) Prevention of water contamination.
- 6) Rodent and insect control.
- 7) Inspections before meals.
- 8) Checks on fruits, vegetables, milk and  
leftovers.
- 9) Checks on waste disposal installations and  
cleanliness.
- 10) Checks on latrine, installations and  
cleanliness.
- 11) Checks improper disposal of food or human  
waste.

NOTE: Distribute hand-out summarizing above.

3 Summary (3 min).

(8) Period 8. (1 hr): Conducting Sanitary Inspections II  
(LP 301-9-H).

(a) Training Facility Requirements:

Mess area in bivouac area.

(b) Instructional Aids and Equipment:

Field Mess Bivouac Installations.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

None.

(e) Training Objectives:

The trainee under supervision will make a thorough  
sanitary inspection in the field mess and bivouac area.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Practical Application (43 min).

NOTE: Prior to attendance, the PI will have handouts made for each trainee  
(based on the instruction in LP 301-8-H which will guide the  
trainees to the installations and areas to be inspected, but will  
not indicate how the inspection is to be made or what must be  
accomplished by the trainee inspector).

a Issue handouts and give instructions as to procedure  
for the inspection.

APP E, LOs (Cont'd)

- b Divide the class into as many groups as there are instructors.
  - c Have each instructor take his group completely around the area stopping at each place, person or installation on the checklist.
  - d Have each instructor require each trainee in his group to inspect items on the checklist and note on his checklist the deficiencies observed. Then, while at the location (installation, area or person), call upon selected trainees to read their list of deficiencies.
  - e Have each instructor discuss deficiencies observed by trainees at each location and offer a verbal "approved solution"; then move on and repeat the process at each of the locations.
- 3 Summary (5 min).

(9) Period 9. (2 hrs): Field Autoclave (LP 301-10-H)

(a) Training Facility Requirements:

Tent area or outdoor instruction area with stands.

(b) Instructional Aids and Equipment:

One (1) Field Autoclave.

One (1) CMS Tray Containing:

Two (2) large packages wrapped for sterilization.

Two (2) small packages wrapped for sterilization.

One (1) container of towels.

One (1) roll autoclave tape.

One (1) stamping pad and stamper.

One (1) grease pencil.

One (1) Diack control.

One (1) pair asbestos gloves.

One (1) field table.

One (1) podium.

One (1) gasoline can w/gas.

One (1) water can.

One (1) handout per trainee.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230, TM 8-615, TM 8-7310-200-12

Repair parts Pamphlet No. 145, Nov 1959.

(e) Training Objectives:

The trainees will know how to operate a field autoclave, its purpose, limitations (safety precautions), and uses.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

1 Introduction (1 min)

Cover scope, reason, and importance; purpose of period; medical corpsman's use of autoclave and responsibility for sterilizing instruments, dressings, linens etc.

2 Explanation, and Demonstration (49 min).

NOTE: Pass out hand-out covering main teaching points (prepared ahead of time by PI).

a Describe and demonstrate as applicable the following:

1) Description:

- a) Technical description.
- b) Weight.
- c) Burners.
- d) Difference from large hospital autoclaves.

NOTE: Instructor points out each.

- e) Parts and function of each if not obvious.
- f) Loading autoclave.
- g) Unloading autoclave.

b Demonstrate operation (procedures):

- 1) Daily cleaning before heating sterilizer.
- 2) Gasoline firing.

- 3) Filling with water.
- 4) Closing (Immediately).
  - a) Water supply valve.
  - b) Exhaust valve.
  - c) Steam-to-chamber valve.
- 5) Caution re-lighting w/o water in sterilizer or with low water level.

BREAK - 10 minutes

SECOND HOUR: -

- 4 Explanation and Demonstration continued (45 min).
  - a Demonstrate how to:
    - 1) Heat sterilizer by gasoline firing.
    - 2) Regulate sterilizing pressure by gasoline firing.
    - 3) Sterilize dressings, utensils and instruments.
    - 4) Take proper action at close of sterilization period.
    - 5) Take procedures for sterilizing solutions.
    - 6) Maintain the autoclave.
- 5 Summary (5 min).

n. Unarmed Defense (8 hrs).

(1) Period 1. (2 hrs): Individual Unarmed Defense I

(LP 118-i-H)

(a) Training Facility Requirements:

Outdoor training area (classroom if inclement weather).

(b) Instructional Aids and Equipment:

One (1) Lecturnette, speakers; One (1) porta-page,  
saw dust pit or gym mat.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-150, Chapter 2, w/ch 1, Chapter 2.

(e) Training Objectives:

Trainees will know the background and premises for  
unarmed defense, why it is given in the Army and the  
five fundamentals of self defense. He will perform  
under supervision "Maximum strength against vulnerable  
points."

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (85 min).

a Explain and demonstrate:

- 1) Maximum strength against vulnerable point;  
show vulnerable points.

- b Good balance by Guard Positions, standing guard positions, glide, backward roll.
- c Ground fighting position.
- d Opponents, momentum to overpower him.
- e Use of all available weapons (give examples).

BREAK (10 minutes)

SECOND HOUR (Individual Armed Defense I).

3 Demonstration and Application.

NOTE: Trainee will be "talked through" initial movements where "talk through" is applicable.

- a Maximum strength against vulnerable points.
  - 1) Demonstration of vulnerable points.
  - 2) No physical contact will be made by trainees.(Application)
- b Good balance by guard position.
  - 1) Standing guard position. (Application)
  - 2) Rear guard position. (Application)
- c Glide.
  - 1) Demonstration.
  - 2) Trainee application.
- d Backward roll.
  - 1) Demonstration.
  - 2) Trainee application.
- e Ground fighting position.
  - 1) Demonstration.
  - 2) Trainee application.



f Use of opponent's momentum to overpower him.

- 1) Demonstration.
- 2) Trainee application.

g Use of available weapons.

- 1) Demonstration.
- 2) Trainee application. (No physical contact will be made by trainees.)

4 Summary (3 minutes).

(2) Period 2. (2 hrs): Individual Unarmed Defense II

(LP 118-2-H)

(a) Training Facility Requirements:

Outdoor training area (classroom if inclement weather).

(b) Instructional Aids and Equipment:

One (1) Porta-page; gym mats (in case of inclement weather).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Special Text Basic Hand to Hand Combat, Chapter Two and Three, Para 40, USA, Inf School, Ft. Benning, Ga., Oct 1964, TM 21-100.

(e) Training Objectives:

The trainee will know the fundamentals of unarmed defense, and be able to perform proficiency drill, side kick, pivot kick, heel stomp, rear fall, rising from sitting positions.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

1 Introduction (2 min).

Cover scope, reason, and importance. Give scope of period of instruction, objective, and reasons for this training.

2 Demonstration and Application (85 min).

a General Plan

1) Brief resume of problem: The following exercise will be demonstrated and practical work given in each immediately following each demonstration.

- a) Proficiency drill.
- b) Side kick.
- c) Pivot kick.
- d) Heel stomp.
- e) Fall to rear.
- f) Rising from the sitting position.

2) Arrangement of trainees and materials:

The drill will be accomplished in the extended rectangular formation; see para 40, TM 21-200. Time and number of repetitions devoted on each of these skills will be dependent upon the progress of the class. The commands used will be those as given in previous instruction.

b Direction to trainees

- 1) The practical exercise will be conducted by working in pairs.
- 2) Each exercise will be explained and demonstrated.
- 3) Each trainee will perform the exercise immediately following the demonstration.

c Instructor's Activities

- 1) Have Assistant Instructors demonstrate each exercise.
- 2) Have trainees perform exercise under supervision of Assistant Instructors.
- 3) Assistant Instructors must insure that no physical contact is made by trainees during application phase.

d Conduct Practical Exercise (85 min)

- 1) Proficiency Drill: This will be accomplished in the extended rectangular formation; see para 40, TM 21-200. It is designed to provide practical exercise in the techniques taught in previous period to gain proficiency. Time and number of repetitions devoted on each of these skills will be depended upon the progress of the class. The commands used will be as in previous instruction.
  - a) On guard positions.
  - b) Check blow to groin.
  - c) Check blow to head.
  - d) Finger jab to eyes.

NOTE: Instructor will explain; assistant instructors will demonstrate; and trainees will be formed for practical work following the demonstration of each skill.

- 2) Kicks.

- a) Side kick.
- b) Pivot kick.

BREAK: (10 minutes)

SECOND HOUR - Individual Unarmed Defense II

(Demonstration and Application continued)

NOTE: Announce that this period of instructions will cover the heel stomp, rear fall, and standing guard from the sitting position. Practical work will be conducted in the same manner as in the preceding period of instructions.

- c) Heel stomp.
- d) Rear fall.
- e) Standing guard from sitting guard.

3 Summary (3 min).

(3) Period 3. (2 hrs) Individual Unarmed Defense III (LP 118-3-H)

(a) Training Facility Requirements:

Outdoor training area (classroom if inclement weather).

(b) Instructional Aids and Equipment:

Fugil sticks and One (1) Porta-page; Gym mats (In case of inclement weather).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Special Text, Ft Benning, Ga., Chapter Two and Three, para 40, TM 21-200.

(e) Training Objectives:

The trainee will execute on an opponent rear take down and strangle, head twist take down; bayonet parries and follow-up action.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Demonstration and application (85 min).

a General Plan

- 1) Brief resume of problem: The following exercises will be demonstrated and practical work given in each:

- a) Proficiency drill.

- b) Rear Takedown and Strangle.
- c) Defense against Rear Strangle.
- d) Head Twist Takedown.
- e) Bayonet Parries.
- f) Follow-up action to Bayonet Parries.

2) Arrangement of trainees and materials:

The drill will be accomplished in the extended rectangular formation; see para 40, TM 21-200. Time and number of repetitions devoted on each of these skills will be dependent upon the progress of the class. The commands used will be those learned in previous instruction.

b Directions to Trainees

- 1) The practical exercise will be conducted by working in pairs.
- 2) Each exercise will be explained and demonstrated.
- 3) Each trainee will then perform the exercise.

c Instructor's Activities

- 1) Have Assistant Instructors demonstrate each exercise.
- 2) Have trainees perform exercise under supervision of Assistant Instructors.
- 3) Assistant Instructors must insure that no physical contact is made by trainees during application phase.

d Conduct Practical Exercises (85 min).

- 1) Proficiency Drill. This drill will be accomplished in the extended rectangular formation; see para 40, TM 21-200. It is designed to provide practical exercise in the techniques taught in previous period to gain proficiency. Time and number of repetition devoted on each of these skills will be dependent upon the progress of the class. The commands used will be those presented in previous lesson plan.
  - a) On guard positions.
  - b) Check blow to groin.
  - c) Check blow to head.
  - d) Finger jab to eyes.
  - e) Side kick.
  - f) Pivot kick.
  - g) Heel stomp.
  - h) Rear fall.
  - i) Rising from sitting guard.

NOTE: Instructor will explain; assistant instructors will demonstrate; and trainees will be formed for practical work following the demonstration of each skill.

- 2) Rear Takedown and Strangle.
- 3) Counter to Rear Strangle.



BREAK (10 minutes)

SECOND HOUR: Individual Unarmed Defense III.

3 Demonstration and Application (continued).

NOTE: Announce that the Head Twist Takedown, Parries of the Bayonet, and follow-up actions to Bayonet Parries will be covered during this period of instruction.

a Head Twist Takedown.

b Parries of Bayonet.

1) High Parry.

2) Low Parry.

3) Sitting Parry.

c Follow-up Actions to Bayonet Parries.

(high, low and from sitting position).

4 Summary (3 min).

(4) Period 4. (2 hrs) Individual Unarmed Defense (LP 118-4-B)

(a) Training Facility Requirements:

Outdoor training area (classroom if inclement weather).

(b) Instructional Aids and Equipment:

Fugil sticks; One (1) Porta-page; Gym mats and One (1) Lecternette (in case of inclement weather).

(c) Trainee Equipment Requirements:

As specified in Unit SOP.

(d) References:

Special Text, Ft Benning, Ga., Chapter Two and Three, para 40.

(e) Training Objectives:

The trainees will execute, against opponents as applicable, proficiency drill and counter to kicks.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Conference and Practical Exercise.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Demonstration and Application (85 min).

a General Plan

1) Brief resume of problem: The following exercise will be demonstrated and practical work given in each:

a) On guard positions.

b) Check blow to groin.

c) Check blow to head.

d) Finger jab to eyes.

- e) Side kick.
- f) Pivot kick.
- g) Heel stomp.
- h) High parry.
- i) Low parry.
- j) Parry from sitting guard position.
- k) Rear fall.
- l) Rising from the sitting guard position.

**BREAK (10 minutes)**

**NOTE:** Instructor will explain; assistant instructors will demonstrate ; and trainees will execute the counters to kicks following the demonstration of each skill.

**SECOND HOUR - Individual Unarmed Defense IV.**

**NOTE:** Demonstration and application continued.

**NOTE:** Announce that during this period, counters to kicks will be discussed and demonstrated and executed.

- 2) Counters to kicks.

o. Litter Obstacle Course (Day and Night) (4 hrs)

(1) Period 1. (2 hrs): Litter Obstacle Course Litter Drill II

(Day) (LP 311-76-H)

(a) Training Facility Requirements:

US Army Medical Training Center Litter Obstacle Course  
with covered stands adjacent thereto.

(b) Instructional Aids and Equipment:

One (1) Terrain Board

One (1) Voice Aid Lecturn

One (1) Litter, straight, rigid pole, aluminum, per five (5)  
trainees

Terrain Board depicting the course.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 8-35, Oct 66, Ch 3, Sect V, par 35-39, 41-43.

(e) Training Objectives:

Trainees will transport "Casualties" on litter by hand  
negotiating terrain and obstacles characteristic of combat.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Conference, Demonstration and Practical  
Exercise.

FIRST HOUR - Litter Drill II (Litter Obstacle Course), Day.

1 Introduction (1 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (35 min).

**NOTE:** Instructor will use terrain board and indicate to trainees each obstacle and explain the method by which each obstacle may be overcome. The demonstration team will demonstrate each carry as it is discussed by the instructor.

- a Explain each obstacle, the method of overcoming the obstacle and stress the importance of teamwork (i.e., easier handling, lessens fatigue, etc) and that the litter must be kept level at all times.
- b High logs.
- c Low wire.
- d Concrete culvert.
- e Narrow bridge.
- f Low hurdle.
- g Log barrier on upgrade.
- h Medium hurdle.
- i Downgrade.

**MAIN POINT:** Remember to keep litter level at all times.

- j Zig-zag trench.
- k Simulated machine gun fire (Medium low wire).
- l Wire fence.
- m Stairs and platform.
- n Blown bridge.
- o End of Obstacle Course.

- 1) Patient fold litter and carry it to place indicated by instructor.

- 2) Litter team assemble in bleacher area and take a break.

3 Summary (1 min).

BREAK (10 minutes)

SECOND HOUR

4 Application (58 min).

NOTE: Running of the litter obstacle course will be conducted according to the guidance which follows:

a General Plan.

- 1) During this hour, trainees will go through the litter obstacle course.
- 2) Litter bearer teams will approach each obstacle with the proper carry (Previously mentioned in first hour) will overcome each obstacle, and proceed to the next.
- 3) Thirteen (13) trainee squad leaders will be selected and posted at each obstacle. Each will be briefed, when posted, as to the proper method the obstacle to which he is assigned should be overcome.

b Directions to Trainees.

- 1) Trainees will be formed in five ranks and counted off from front to rear. The numbers 1 through 4 men will become the litter bearers' team and the number 5 man the patient. The first rank will be given a facing movement

toward the stack of litters and directed to file by litter stack, pick up one litter and move in a circular fashion back to his respective litter team.

- 2) Litter teams will be dispatched through the course at 1 minute intervals.
- 3) Upon completion of the course, litters will be folded in the proper manner and placed on the litter stack.
- 4) Trainees will then reassemble in the bleachers and wait for the critique.

c Instructor's Activities.

- 1) Principal instructor will dispatch teams into course, and control teams awaiting departure.
- 2) The assistant instructors will be stationed by, or between predetermined obstacles. They, will make on-the-spot corrections and coach the team when necessary.

d Conduct Practical Exercise.

Litter teams will be dispatched from starting point and will negotiate each obstacle as described during the first hour of instruction.

(2) Period 2. (2 hrs): Night Litter Obstacle Course (LP 311-77-H)

(a) Training Facility Requirements:

US Army Medical Training Center Litter Obstacle Course.

(b) Instructional Aids and Equipment:

One (1) litter, folding, rigid pole, aluminum, per  
five (5) trainees.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 8-35, Oct 66, Ch 3, Sec V, par 35-39, 41-43.

(e) Training Objectives:

Trainees will transport "casualties" on litters by  
hand negotiating terrain and obstacles characteristic  
of combat during hours of darkness.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Practical Application (88 min).

NOTE: A ten (10) minute break will be taken as training permits.

NOTE: Running the litter obstacle will be conducted according to  
the guidance which follows:

a Direction to trainees:

1) Trainees will be broken down into five-man groups.

The first four (4) men will be the litter bearers  
and the number 5 man will act as a simulated casualty.



APP E, LOs (Cont'd)

- 2) Twelve (12) guides will be posted, using the trainees, one (1) man per obstacle. Guides will be briefed on the type of carry to be used at their respective obstacle to insure that the proper carries are being used throughout the course. In the event that a group fails to negotiate an obstacle in silence, they will begin the course again and negotiate the same obstacle until it is done in silence.
- 3) Each group will be dispatched at one-minute intervals to insure absolute control of group, and to avoid congestion at any of the obstacles.
- 4) Litter groups, upon completion of the litter obstacle course, will fold their litters in the proper manner and place litters on litter rack.
- 5) Individuals will then assemble in the bleachers to wait for critique.

b Instructor's Activities:

- 1) The principal instructor will give the orientation and briefing to the guides and will then proceed to the halfway point of the course to supervise and make on-the-spot corrections of the trainees.
- 2) One (1) assistant instructor will be with each section of fifty (50) trainees and will accompany them through the obstacle course. They

APP E, LOs (Cont'd)

will supervise the make on-the-spot corrections of the trainees.

- 3) The principal instructor will then give the critique after the completion of the problem.

d Conduct the Practical Exercise (73 min).

3 Summary (10 min).

p. Patrolling (5 hrs): (LP 117-12-H)

NOTE: The 1st hour of this period should be scheduled just before noon in facilities as shown below; the last four hours should be scheduled as one block in the PM on terrain as indicated below.

(1) Training Facility Requirements:

- (a) 1st hour: Tent area or classroom equipped with TV receivers or motion picture projection facilities.
- (b) 2nd, 3rd, 4th and 5th hours: Sufficient terrain, some without cover and some with moderate cover to accommodate all squads operating independently while practicing patrolling techniques. (Suggest staging in upper Salado Creek area.)

(2) Instructional Aids and Equipment:

TF 21-2197: "Camouflage for Scouting and Patrolling,"  
(33 min, color, 1957).

One (1) 4' x 4', acetate-covered, blowup of map per squad permanently mounted in the central area(s) in which patrols are oriented and from which they depart and return.

One (1) flashlight with red lens per squad.

One (1) roll friction tape per squad.

One (1) whistle per AI.

One (1) chart 3' x 4' per company one (1) outline of course.

One (1) chart 2' x 2' per squad, Organization of a Combat Patrol on one side, Organization of a Reconnaissance Patrol on the other side.

One (1) Field Medical Bag, Modified, per trainee (See LP 112-3-A-H for contents).

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 21-75, pars 110-183; FM 31-16 and CONARC Pamphlet 350-30-4.

(5) Training Objectives:

The trainee will know the organization and kinds of patrols; he will prepare himself for patrols and function satisfactorily as an individual performing the common patrol techniques and reaction techniques when fired on.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

NOTE: Trainees should be divided previously into TOE squads (less squad leader) with TOE equipment and should remain assigned to the same squad throughout patrolling instruction. AIs, one (1) per squad, act as squad (patrol) leaders and conduct the second, third and fourth hours of instruction.

(a) First hour. Introduction to Patrolling (50 min).

- 1 Explain objectives of the course.
- 2 Discuss briefly outline of course (display chart).
- 3 State standard required of each man (satisfactory performance of all skills).
- 4 Define a patrol and explain importance.
- 5 Explain and give examples of the two general types of patrols.
- 6 Explain briefly patrol organization and purpose (see chart).

- 7 Introduce the film. Cover highlights, relation to remainder of the course, and any out-of-date portions.
  - 8 Show TF 21-2197: "Camouflage for Scouting and Patrolling."
  - 9 Summarize the film.
- (b) Second hour. Organization and preparation for patrols (50 min).
- 1 Organize the squad for a combat patrol; then re-organize for reconnaissance patrol. Explain the organizations (charts) and reasons for, and functions of elements.
  - 2 Issue and discuss a warning order for the squad to prepare for a reconnaissance patrol. Relate the order to a situation on the map blowup.
  - 3 Make preparations for the patrol. Check and supervise.
    - a Operating conditions of weapons.
    - b Camouflage of individuals, weapons, and equipment, (including taping of identification tags).
    - c Noise prevention of individuals, weapons, and equipment (including taping of identification tags).
    - d Simulating dropping identification by placing identifying items in one pocket.
    - e Completeness of equipment and full canteen.
    - f Simulating issue of ammunition.

4 Issue and discuss the patrol order (use blowup)..

(c) Third and Fourth hours. Common Patrolling Techniques  
(100 min).

**INSTRUCTOR'S NOTE:** Based on appropriate pars of FM 21-75, the officer-in-charge should develop SOPs where possible for patrol member action in each of the common techniques. Each AI should conduct practice in common techniques in an open area where individual patrol members can observe the action of their patrol. Instruction should be conducted in a deliberate manner, explaining reasons, making corrections, and repeating where necessary.

- 1 Explain that all patrols employ basically the same techniques; explain that the object is to learn common techniques step-by-step as a drill, so that they become second nature.
- 2 Explain that low crawl, high crawl, taking prone position rapidly, and silent techniques are same as employed in tactics instruction.
- 3 Form and organize the patrol.
- 4 Explain security measures (par. 147, FM 21-75) and practice them throughout the period.
- 5 Explain departure and reentry of friendly lines (par 140, FM 21-75). Move out and practice departure.

- 6 Explain and practice actions at danger areas  
(par 143, FM 21-75).
- 7 Explain and practice action on enemy contact  
(Par 142, FM 21-75).
- 8 Explain rally points and use of rally points.  
Practice action at rally points (par 141, FM 21-75).
- 9 Repeat actions most in need of practice.
- 10 Practice reentry into friendly lines.
- 11 Summary (2 min).

(d) Fifth hour. Reaction Techniques When Fired On (50 min).

**INSTRUCTOR'S NOTE:** Based on CONARC Pamphlet 350-30-4, pages 18 and 24 and FM 31-16, the officer-in-charge should develop SOPs for quick reaction to enemy fires (immediate action drills). Each AI should conduct practice in an area with moderate cover, immediate action drills in (1) Hasty Ambush Drill (when the enemy has been detected but is thought to be unaware of the friendly force) (2) Encounter Drill (when there is mutual surprise) (3) Counter Ambush Drill (when part or all of the friendly patrol has been caught in an enemy ambush). The last two drills (2) and (3) will involve practice in "Assault in Direction of Fire," "Maneuver Right," "Maneuver Left" and "Withdrawal."

- 1 Explain the situation for a short patrol then will return to its base in 1 hour.

- 2 Form and organize the patrol.
- 3 Depart properly from friendly lines.
- 4 Lead the patrol along the selected route conforming to all instruction received so far in this period.
- 5 At pre-selected locations, walk the patrol through the action it should take for (1).
  - a Hasty ambush drill.
  - b Encounter drill.
  - c Counter ambush drill.
    - 1) Assault in direction of fire.
    - 2) Maneuver right (left).
    - 3) Withdrawal.

**NOTE:** Since this instruction is for unarmed personnel, stress should be placed on the reason they are run through a combat drill. The reason, of course, is to acquaint them with the actions that the unit they may take on patrol.



g. Civic Actions and Handling of Prisoner of Wars or Other  
Detained Persons (2 hrs) (LP 120-1-H)

(1) Training Facility Requirements:

Outdoor training area.

(2) Instructional Aids and Equipment:

For Second Hours:

1st Situation:

Ten items suggested by the following:

Freshly opened tin cans; used ammunition cartridges (cases);  
a broken down abandoned ambulance with enemy marking including  
a new feature; a strange item resembling a splint; an enemy  
field medical kit containing item identifiable as a device  
for emergency cricothyroidectomy (drawing showing how to use  
it); a strangely cut bandage; a strangely cut dressing, etc.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

A Subj Scds 21-18 and 21-20; FMs 31-16 and 31-73.

(5) Training Objectives:

The trainee will know the rights of prisoners medically and  
upon interrogation; he will handle prisoners properly, search  
them properly, and report information of combat intelligence  
value; he will prevent the enemy from obtaining information;  
he will know how the enemy uses psychological programs and  
how civic action can directly counter propaganda.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and P.E.

FIRST HOUR (50 min)

(a) Introduction (1 min).

Cover scope, reason, and importance.

(b) Explanation and Demonstration (47 min).

1 Define prisoner of war (1 min).

2 Discuss the rights of all prisoners of war to receive humane treatment (1 min).

3 Review the right and duty of prisoners under interrogation to divulge only their name, rank, serial number, date of birth; that torture, threats, or any form of coercion to obtain information is forbidden, and if engaged in by the enemy will not be reason for giving more information. (1 min).

4 Emphasize the right of prisoners of war to medical attention and the authority of medical personnel to administer to the wounded and sick (3 min).

5 Review "combat intelligence" and emphasize the role and importance of the individual soldier in the production of combat intelligence. Discuss types of information (documents, letters, equipment, or actions of enemy), how to report information and the meaning of SALUTE in the reporting of information. Emphasize that all information is of intelligence value and should be reported (10 min).

- 6 Explain, discuss, and demonstrate the correct handling of prisoners of war (search, segregate, silence, speed, safeguard); and the processing of captured documents and material (15 min).
- 7 Explain the role of the individual soldier in preventing the enemy from obtaining information (2 min).
- 8 Explain and define psychological programs. The meaning of the program to each soldier. Discuss how psycops works (par 24, FM 31-16) (7 min).
- 9 Explain the importance of civic action. How civic action can directly counter propaganda and influence in an area. Discuss and explain various forms and types of civic action (7 min).

(c) Summarize.

BREAK - 10 minutes

SECOND HOUR (50 min)

(d) Practical Exercise

NOTE: Divide the class into three (3) equal groups; have three instructors each conduct a station; rotate the groups through each station.

1 1st Station (16 min)

NOTE: Item of intelligence value should be spread out and distributed as if abandoned by the enemy.

Conduct a practical exercise in which trainees are required to pass through an area or areas and observe items of ordinary intelligence and medical intelligence significance; have trainees take notes; call upon

individuals, to report one significant medical intelligence item each, using the Key Word S-A-L-U-T-E. Call upon trainees to discuss each report for appropriateness of item and completeness of report. Call upon trainees to discuss how they would have avoided detection of each item of intelligence value had they been the enemy. The instructor summarizes instruction for the station.

2 Station 2 (16 min).

Conduct a practical exercise in which trainees observe an instructor or previously prepared selected trainee handle a prisoner or prisoners incorrectly; first, as to search, then call upon trainees to point out the error; second as to segregating, then call upon trainees to point out the error; third: same procedure for silence; fourth for speed; and fifth for safeguarding. Next call upon a volunteer to perform all 5 prisoner handling techniques. Call upon trainees to discuss this performance. The instructor summarizes instruction for the station.

3 Station 3 (16 min).

Conduct a practical exercise in which a previously rehearsed instructor, who is thoroughly familiar with interrogation procedures both within and beyond the Geneva agreements,

interrogates a previously rehearsed trainee while the group of trainees take notes on incorrect procedures. Have the instructor and rehearsed trainee demonstrate successively (1) correct interrogation procedure and correct response to the interrogation, (2) threats to obtain information and incorrect response, (3) mock torture to obtain information and incorrect response, (4) coercion and offer of privileges coupled with incorrect response, (5) trickery to obtain information and incorrect response. The instructor follows each of the five demonstrations by questions to bring out the incorrect responses and immediately thereafter for each situation calls for volunteers to demonstrate correct response to his interrogation. The instructor summarizes instruction for the station.

4 Two Rotations, 1 min each (2 min).

r. Rotary Wing Aircraft and Support (2 hrs) (LP 120-2-H)

(1) Training Facility Requirements:

Outdoor training area suitable for hoisting a casualty to a rotary wing aircraft, with a nearby dust free area suitable for landing.

(2) Instructional Aids and Equipment:

At least One (1) evacuation rotary wing aircraft. (Two (2) desirable for last 30 minutes of 2nd hour.)

Ten (10) litters.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 57-38 (Chapter 1, 3 and 5); and FM 21-60 (Sections III, VI, VII).

(5) Training Objectives:

The trainee will know the history of aircraft support and current use of aircraft for medical evacuation; he will know the consideration for planning, landing zone selection and identification of landing zone; he will give arm and hand control signals essential for landing evacuation rotary wing aircraft and will deliver a patient safely to the aircraft.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and P.E.

FIRST HOUR (50 min)

(a) Introduction (1 min)

1 Cover scope, reason, and importance.

(b) Conference, Demonstration and Practical Exercise.

- 1 Discuss the planning considerations for aircraft control to include; coordination, friendly and enemy situation, mission, number and type of aircraft, weather, time of arrival, communications, formation of aircraft, size of unit to receive the aircraft (5 min).
- 2 Explain the considerations for selection of an LZ: Tactical suitability; number, type, formation of aircraft obstacles and surface conditions; available routes into and out of area, size of area (8 min).
- 3 Discuss types of signals or identification procedures to include: Code letters, panels, smoke, glow gloves, lights and light codes (4 min).
- 4 Explain and discuss and have trainees practice hand and arm control signals to include: landing point or direction; movement left, right, forward, stop, and land; start rotor or engine, rearward, hover, upward, downward, stop and land; stop motor; ready, not clear or ready; high and low approach (30 min)

(c) Summarize (2 min).

BREAK -- 10 minutes

SECOND HOUR (50 min)

(d) Demonstration (20 min)

NOTE: The entire class is assembled near an area suitable for (1) hoisting a casualty to the aircraft and (2) a dust-free landing of the rotary wing aircraft (class is faced in opposite directions to observe or take part in the 2 operations).

- 1 Explain and demonstrate hoisting a casualty from an area not suitable for landing and taking the casualty into the aircraft.

NOTE: The crew should be experienced; otherwise a dummy should be used as the "casualty."

- 2 During recovery of casualty, use and point out arm and hand signals and precautions as well as procedures necessary for safe quick recovery.

NOTE: Using arm and hand signals, direct the aircraft to land in a nearby open grassed area.

(e) Carrying casualties to rotary wing aircraft (28 min).

NOTE: Organize the class, 50 - 75 meters from the aircraft, in a manner which will permit teams of 4 to rapidly and successively take a casualty to aircraft side and return; making as many repetitions as time will permit, rotating litter team members and casualties.

NOTE: Rotor must be turning during the following:

- 1 Explain and demonstrate safe transport of casualties to and from aircraft side.
- 2 Have all trainees in successive teams practice safe transport of litter patients to and from aircraft side.

NOTE: Using arm and hand signals, dismiss the aircraft.

(f) Summary (2 min).



4. Technical Training: Phase I - Basic Skills of the Company Aidman

a. Anatomy and Physiology (8 hrs)

(1) Period 1 (2 hrs): Introduction to Anatomy and Physiology  
(LP 300-1-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*MTC TVA-A-300-1.

One (1) copy mimeo M300-1-1 and M300-1-2 per trainee.

If TV not available:

One (1) overhead projector.

Vu-graphs 300-1-1 thru 300-1-25.

Chalkboard, chalk, and eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961), paragraphs 48-50 w/change.

(e) Training Objectives:

The trainee will know definitions of anatomy, physiology, symptom and sign; the major divisions of the body and key medical terms, which he will use in the course of instruction, and as an aidman - corpsman.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

\*MTC produced.

NOTE: If TV facilities are available, instructors review TV Tape \*MTC  
TVA-A-300-1, show it in appropriate sequence, and adjust the  
remainder of the instruction accordingly.

FIRST HOUR: 1 Introduction (5 min).

Cover scope, reason, and importance.

NOTE: Show Vu-graph 300-1-1 and 300-1-2.

2 Explanation and Demonstration (40 min).

Explain, demonstrate and give examples as applicable,  
the terms etc listed in the categories which follow:

NOTE: Vu-graphs 300-1-3 thru 300-1-25 will be shown accompanying the  
explanations they illustrate.

a Medical Terminology

1) Terms of location and position.

2) Anatomic Position: Superior, Inferior,  
Anterior, Posterior, Medial and Lateral.

b Surface Anatomy (Regions of the Body)

Arm, forearm, thorax, abdomen, buttocks, thigh, leg.

NOTE: Explain the addition or deletion of letters to facilitate pro-  
nunciation (euphony).

c Basic Medical Terms (The component parts of  
medical terms) The stem, the prefix, the suffix  
terms used as stem words. Terms used as a prefix,  
terms used as a suffix, symptom, sign.

3 Summary (5 min).

\*MTC produced.

SECOND HOUR:     4 Introduction (2 min)

5 Explanation and Demonstration (10 min)

NOTE: Hand out one (1) copy each of mimeo M300-1-1 and M300-1-2  
to each trainee.

a Terms used frequently during symptom  
              recognition.

NOTE: Write on chalkboard and have trainees copy in notebooks.

b Types of treatment given in abnormal conditions  
              of the body.

6 Application (33 min)

Conduct practical application according to the  
following plan and instructions:

a General Plan

Trainees will write the definition of each  
medical term listed on mimeo M300-1-1, using  
mimeo M300-1-2 as a guide.

b Instructions to the trainees

- 1) Using mimeo M300-1-2 as a guide, you will  
write the definition of each medical term  
listed on mimeo M300-1-1.
- 2) The instructor will be available to provide  
assistance if it is necessary.

c Instructor activities

- 1) Supervise the practical exercise.
- 2) Provide individual assistance to trainees  
if it is necessary or requested.

(2) Period 2. (1 hr): The Normal Body Plan (LP 300-2-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*MTC TVA-A-3000-2.

If TV not available:

One (1) overhead projector.

Vu-graphs 300-2-1 thru 300-2-22.

Chalkboard, chalk, eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961), para 53-57 w/Changes 1 and 2.

Greisheimer, E. M., Physiology and Anatomy, 7th Edition,

J. B. Lippincott Co., Philadelphia, Pa., 1955,

pages 14-37, 46-48; Kimber, D. C., Gray, C. E.,

Stackpole, C. E., and Leavell, L. C., Textbook of

Anatomy and Physiology, 13th Edition, The MacMillan Co.,

New York, N. Y., 1957, pages 7-12, Chap 2 and 4.

(e) Training Objectives:

1 Trainee will know that the four primary types of tissue are epithelial, connective, muscular, and nervous.

2 Trainee will know that the four types of connective tissue of fibrous, fatty, bone, and cartilage.

\*MTC Produced.

- 3 Trainee will know that the three types of muscle tissue are smooth, skeletal, and cardiac.
- 4 Trainee will know that a cavity is a space within the body.
- 5 Trainee will know that a system is a group of organs working together to perform a special function.
- 6 Trainee will know that the circulatory system is responsible for transporting oxygen to body tissues for use, transporting carbon dioxide to the lungs for disposal, transporting food to body tissues, and transporting waste to kidneys for disposal.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*MTC TVA-A-300-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (45 min).

NOTE: Show Vu-graphs 300-2-1 thru 300-22 accompanying explanations that they illustrate. Explain (to include functions) and demonstrate body components and their inter-relations as pertains to the following:

- a Cell - Composition, function, cell anatomy, cell physiology.

\*MTC produced.

b Tissue - Composition, function, epithelial, connecting, muscular, nervous.

c Organs - Composition, function, cavities for organs, names and locations of organs.

d Systems - skeletal, muscular, circulatory, lymphatic, respiratory, digestive, genitourinary, skin nervous and endocrine.

e Body - The composite.

3 Summary (3 min).

(3) Period 3. (2 hrs): The Skeletal System (LP 300-3-H).

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*MTC TVA-300-3-A and \*MTC TVA-300-3-B

(Running time - 21:15 min).

When TV not available:

One (1) projector, PH 222C.

FS 8-131.

One (1) projector, 16mm.

MF 8-9863.

Chalkboard, chalk, eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Cunningham's Textbook of Anatomy.

(e) Training Objectives:

The trainees will know the skeletal system and its contribution to the normal functioning of the human body.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV tape \*MTC TVA 300-3-A and \*MTC TVA 300-3-B, show them in appropriate sequence, and adjust the remainder of the instruction accordingly.



1 Introduction (3 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration (45 min).

NOTE: Show frames 1 thru 48 of SFS 8-131 accompanying appropriate explanations. Explain (to include functions) and demonstrate components of the skeletal system as pertain to the following:

a The cell, tissue, organ, and systems of the body.

b The functions of the skeletal system.

c The classifications and functions of bones.

d Bone structure.

e The axial skeleton, which includes the skull, vertebral column and the thoracic cage.

3 Summary (2 min).

BREAK (10 minutes)

Second Hour:

4 Introduction (2 min).

Cover scope of hour and review briefly 1st hour.

5 Explanation and Demonstration (40 min).

a Explain the appendicular skeleton, which consists, of the upper and lower extremities, and the bones forming the girdles which attach the extremities to the axial skeleton.

b Introduce, show and critique MF 8-9863, The Human Body Skeleton (Running Time - 11 minutes).

6 Summarize and question class on locations of important bones (8 min).

(4) Period 4. (2 hrs): The Circulatory System (LP 300-4-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

\*MTC TVA-A-300-5.

One (1) projector (16 mm)

TF 8-9863 "Circulatory System" (Time - 14 min).

One (1) Overhead projector.

Vu-graphs 300-5-1 through 300-5-29.

One (1) Anatomical torso.

One (1) mimeo M300-5-1 per trainee.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Cunningham, Textbook of Anatomy Greishmer;

TM 8-230 (May 61) para 77-58 w/Change 1 and 2.

(e) Training Objectives:

The trainee will know the circulatory system and its contribution to the normal functioning of the body.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*MTC TVA-A-300-5, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration (45 min).

NOTE: Show Vu-graphs 300-5-1 through 300-5-29 accompanying appropriate explanation. Explain (to include functions) and demonstrate components of the circulatory system as pertains to:

- a The location, structure, and functions of the heart.
- b The various types of blood vessels and their functions.

3 Summary (3 min).

BREAK (10 minutes)

Second Hour:

4 Introduction (2 min)

Cover scope of hour and review briefly 1st hour.

5 Explanation and demonstration (45 min)

Continue 1st hour explanation and demonstration covering the following:

- a The major arteries and explain their location and functions (20 min).
- b The major veins and explain their location and functions (10 min).
- c Explain blood pressure and pulse (15 min).

6 Introduce show and critique TF-9863 "Circulatory System (Running time - 14 min).

7 Summary (3 min).

(5) Period 5. (1 hr): The Respiratory System (LP 300-5-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TM 8-230 (May 61), para 96-99 w/change 1 and 2.

TV Tape \*H-MTC 2-F-7 (Time - 22:03).

When TV Tape is not available:

One (1) projector, 16 mm.

MF 8-9863.

One (1) Slide projector.

Slides 300-7-1 through 300-7-11.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM-8230 (May 1961) para 96-99 w/c 1 and 2;

Greisheimer, E. M., Physiology and Anatomy, 7th Ed,

J. B. Lippincott Co., Philadelphia, Pa (1955) Chap 12

and 13, Kimber, D.C., Gray, C.E., Stackpole, C. E. and

Laevell, L. C., Textbook of Anatomy and Physiology,

13th Ed, The MacMillan Co., N. Y. (1957), Chap 16.

(e) Training Objectives:

Trainees will know that:

- 1 The respiratory cycle consists of the acts of inspiration and expiration.

- 2 The diaphragm is the primary muscle involved in respiration.
- 3 An increase in the size of the thoracic cavity air to flow into the lungs and that a decrease in size expels air from the lungs.
- 4 The normal respiratory rate is fourteen to twenty per minute.
- 5 External respiration involves gaseous exchanges of oxygen and carbon dioxide between the alveoli and the blood capillaries in the lungs.
- 6 Internal respiration involves the gaseous exchange of oxygen and carbon dioxide between the capillaries and the tissue cells.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-F-7, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (1 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (47 min).

NOTE: Show Slides 300-7-1 thru 300-7-11 accompanying appropriate explanations

- a Define the terms inspiration, expiration, and respiratory cycle (3 min).

\*H<sub>2</sub>mRRO-MTC produced.

- b Explain the component parts of the respiratory system and their functions (10 min).
  - c Explain the muscles involved in respiration and their functions (10 min).
  - d Explain how the nervous system and chemical components of the circulatory system control respiration (4 min).
  - e Explain the types of respiration (20 min).
  - f Introduce show and critique MF 8-9863  
(Running time - 14 min).
- 3 Summary (2 min).

b. Introduction to Military Emergency Medical Treatment (2 hrs)

(1) Period 1. (1 hr): Orientation to the Job of Company Aidman  
in Treating Combat and Accident Casualties (LP 304-1-H)

(a) Training Facility Requirements:

As specified by Unit SOP.

(b) Instructional Aids and Equipment:

One (1) Portable Screen.

One (1) Vu-graph Projector.

Vu-graphs 1-A-1-1 through 1-A-1-3.

Special Medical Corps film "Medicine in Viet Nam."

(Running time - 25 min).

One (1) projector, 16mm.

(c) Trainee Equipment Requirements:

As specified by Unit SOP

(d) References:

TM 8-230 (May 61), Chap 4, para 137 and 138.

(e) Training Objectives:

The trainee will know generally the job of the  
company aidman in treating combat and accident  
casualties.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation (14 min)

Explain and discuss the following:

- a Transition from civilians.
- b U.S. Army is a civilian-transformed Army -  
like this class.
- c Responsibilities of Aidmen - life saving  
preventing disability - make this personal.
- d Medical Aidman step to higher responsibilities,  
perhaps a medical career.
- e Necessity to master each step in instruction;  
many steps build on preceding steps (Example -  
Preventing Shock.)
- f Application of medical knowledge and skill to  
the battlefield and accidents.

NOTE: Show View graph #1-A-1-1 through 1-A-1-3

- g Emergency Medical Treatment - Goes beyond  
first aid - aimed at saving lives, saving limbs  
and tissue, returning patient to duty. Requires  
sound judgement, technical knowhow, physical  
endurance.
  - h Caring for combat challenge; a larger challenge  
than for civilian casualties - because of types  
and condition of wounds, enemy fire, available  
means of evacuation, time lag and number of  
casualties.
- 3 Film showing etc (32 min).  
Introduce, show, summarize Medical Corps Film  
"Medicine in Viet Nam" (Running time - 25 min).
- 4 Summary (2 min)



(2) Period 2 (1 hr): The Surgical Instrument and Supply Set, Individual (LP 304-2-H).

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

One (1) Video Tape \*H-MTC 1-A-2 (Time - 9:07)

Surgical instrument supply set, individual, per two (2) trainees. (One (1) per PI: One (1) per AI)

If TV Tape is not available:

One (1) projector, Vu-graph

Vu-graphs 301-1-1 and 301-1-2

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives:

The trainee will know the contents of the Surgical Instrument and Supply Set (Field Medical Bag) and general usage of items therein.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-A-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (10 min).

Cover scope, reason, and importance.

2 Explanation, Demonstration and Practical Exercise  
(37 min).

NOTE: Pass out medical bags. When each two students have a medical bag between them, the PI will tell the students to place the bag in front of them uniformly.

a Describe, demonstrate, explain usage as applicable, and have trainees take out, examine and replace each of the items which follow one step at a time:

- 1) Open the bag, open first compartment.
- 2) Eight (8) small field dressings.

NOTE: Show Vu-graphs 301-1-1 and 301-1-2

- 3) Medium dressings.
- 4) Aspirin.
- 5) Tetracaine Ointment.
- 6) Surgical instrument set - minor injury.
- 7) Bandage Scissors, angular, heavy 8."
- 8) Gauze roller bandages.
- 9) Safety pins.
- 10) Pencil.
- 11) Plastic airway.
- 12) Muslin bandage.
- 13) Dressing, 1st aid field camouflaged.
- 14) Tourniquet.
- 15) Atropin Injection 2 mg.

- 16) Adhesive tape.
  - 17) Benzallsonium chloride tincture.
  - 18) Wire fabric splint.
  - 19) Field Medical Cards.
  - 20) Morphine injection.
- 3 Summary (3 min).

c. Basic Emergency Treatment Techniques

(1) Assisting Breathing and Heart Action (10 hrs)

(a) Period 1. (2 hrs): Assisting Breathing: Mouth-to-Mouth Resuscitation (LP 304-8-1-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers and adjacent practice area.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-B-1 (Time - 19:53) Mouth-to-Mouth

Method of Artificial Respiration

Checklist handouts #2 (18 steps: Emergency Treatment for Asphyxia) One (1) per three (3) trainees.

One (1) blanket per two (2) trainees

Vu-graph B-1-1

Handout #1 - Unlabeled drawing of upper respiratory track based on figure 27, pg 75 of TM 8-230.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230 (May 1961), para 97, 99; FM 21-11 (Jul 1959) w/C1, para 30 through 33; DA Tng Circular 8-1 (2 Dec 59).

5 Training Objectives:

The trainee 1. Knows the simple mechanical process of respiration (as in para 99, TM 8-230); 2. Knows that

\*HumRRO-MTC produced.

a person can live only about 3-5 minutes after breathing ceases; 3. Knows normal respiration rate is 16-20 respirations per minute; 4. Knows common external conditions, vital signs, and symptoms of asphyxia which signal need for administration of artificial respiration. 5. Counts respiration rate. 6. Provided with an unlabeled, cross section drawing of the air passages, can trace the air passage from the mouth and nostril openings into the trachea and can label: mouth passage, nose passages, tongue, throat, epiglottis, esophagus (or food passage), larynx (or voice box), thyroid cartilage (or Adams Apple), and trachea. 7. Administers artificial respiration using mouth-to-mouth method.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and P.E.

NOTE: A 10-minute break will be taken at end of first 50 minutes.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-B-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

b Explanation and Demonstration (25 min).

1) Introduce taped combination of MN 7477

(4 minutes explaining the normal process of

\*HumRRO-MTC produced.

respiration), and TF 8-3021, First Aid,  
Part IV, Resuscitation Mouth-to-Mouth and  
Mouth-to-Nose (Running Time - 14 min).

NOTE: Stop film after treatment of electrical shock victim.

2) Show film.

3) Explain upper respiratory passageway.

NOTE: Prior to showing film give each man an unlabeled drawing of upper  
respiratory tract which he labels as the parts are explained  
(Handout #1).

NOTE: Show Vu-graph B-1-1

a) Trace air passageway on Vu-graph,  
showing following structures.

c Application (talk through) (23 min).

NOTE: Assistant Instructors form their trainees into two-man groups.  
For first talk-through application, trainee "B" is the aidman and  
trainee "A" is the patient. Roles are then reversed for a second  
talk-through application. Describe the situation to the trainees  
as follows: "You have found a person in a peculiar situation.  
He appears lifeless, or may show signs of difficulty in breathing  
(heavy gasps or shallow, panting noise)."

Take trainees to an adjacent outdoor area and  
as indicated in note above, talk through step-by-step  
the 18 steps in the entire emergency treatment.

BREAK - 10 MINUTES

SECOND HOUR

d Application (PE) (45 min).

- 1) Each assistant instructor lines his group up in three ranks. For first repetition, Rank 1 is aidman, Rank 2 is checker, and Rank 3 is the casualty.

NOTE: Instruct trainee to remember and keep their number as they rotate through the practical exercise.

NOTE: Pass out checklist (Hand out #2) to all #2 men.

- 2) The check list will be a step-by-step guideline which the checker will use in correcting erroneous procedures begun by the aidman.

NOTE: The checker will use the checklist as a guideline for prompting the aidman. He will prompt the aidman only when the aidman overlooks a step of the procedure or when he does not remember the steps. Unless one or both of these situations exist, the checker will say nothing.

NOTE: Conduct the practical exercise in accordance with the following diagram:

- 3) System for Accomplishing Practical Exercise (Trainees in Teams of 3).

Repetition	Aidman	Casualty	Checker
1st	1	3	2
2nd	2	1	3
3rd	3	2	1

- 4) The assistant instructors will check each application and answer questions from trainees, and critique each procedure after completion. The practical exercises will be repeated as time permits. The additional repetitions should be in areas in which the trainees experienced the most difficulty.

e Review and critique (5 min).



(b) Period 2. (2 hrs): External Cardiac Compression and Mouth-to-Mouth Resuscitation (LP 304-8-2-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers and adjacent practice area.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-B-2, Simultaneous Administration of External Cardiac Compression and Mouth-to-Mouth Resuscitation (Tape of MF 8-9960 "Pulse of Life")

Handout: Twenty-five steps External Cardiac Compression and Mouth-to-Mouth Resuscitation.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230 (May 61), w/C 1 and C 2., para 217.1 and 217.2.

5 Training Objectives: The trainee:

a Knows that when the heart stops beating, external cardiac massage and, simultaneously administered mouth-to-mouth resuscitation must be initiated immediately.

b Knows that external cardiac compression represents a manual pumping of the heart to keep blood circulating.

\*HumRRO-MTC produced.

- c Knows the location of the heart in relation to the sternum and is familiar with the action of the heart in pumping blood.
- d Know that mouth-to-mouth resuscitation and external cardiac massage should be administered at the same time if two persons are available. If only one person is available, alternate eight counts of cardiac massage with two counts of mouth-to-mouth breathing.
- e Can quickly check for presence of carotid pulse.
- f Can correctly perform in either role as a member of a two-man team simultaneously administering mouth-to-mouth resuscitation and external cardiac massage.
- g Can correctly apply the one man procedure of administering external cardiac compression and mouth-to-mouth resuscitation.

6 Lesson Outline:

NOTE: Instructional Method: Conference, Demonstration and Application.

NOTE: If TV facilities are available, instructors review TV Tape

\*H-MTC 1-B-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

\*HumRRO-MTC produced.

b Explanation and Demonstration (38 min).

- 1) Checking carotid pulse to determine whether heart is beating.

NOTE: Primary instructor shows by demonstration how to find carotid pulse, while AIs circulate amongst their respective groups and assist.

- 2) Trainee "A" finds carotid pulse on Trainee "B."
- 3) Assistant instructors check location found by "A."
- 4) "B" finds carotid pulse on "A."
- 5) Assistant instructors check location found by member "B."
- 6) Training film (on TV Tape).

NOTE: Introduce MF 8-9960 "Pulse of Life" (Running Time - 29 min).

This film describes the fundamentals of the life saving methods of mouth-to-mouth artificial respiration and external cardiac compression.

- 7) Show film.
- 8) Critique film and answer trainee questions.

NOTE: Make correction of compression--breathing ratio for one operator.

Eight compressions, then 2 breaths; not 15 compressions, then 2 breaths as shown in film.

BREAK -- 10 MINUTES

SECOND HOUR

c Application (55 min).

- 1) General Plan.
  - a) The three assistant instructors will divide their trainees into three ranks.

- b) Rotate teams through practical exercise  
in accordance with the following diagram:

System for Accomplishing Practical Exercise

Application	Artificial Respiration	Cardiac Compression	Both Procedures	Patient	Checker
1st	#1	#2		#3	
2nd			#1	#3	#2
3rd	#2	#3		#1	
4th			#2	#1	#3
5th	#3	#1		#2	
6th			#3	#2	#1

- c) For 1st, 3rd, and 5th applications,  
Principal Instructor will talk both  
operators through steps as listed in two  
man checklist handout. After first  
repetition in each of these applications,  
Principal Instructor will direct teams  
to start over without his specific prompting  
for each of steps.
- d) For 2nd, 4th, and 6th applications,  
trainee designated as checker will, on  
first repetition, prompt operator step-by-step.  
For second repetition checker will watch  
procedure and make only such corrections

as necessary without prompting step-by-step.

Assistant instructor will supervise practice  
and make or-the-spot corrections as necessary.

- e) Repeat practical exercise as time permits,  
with special emphasis upon steps in which  
trainees experienced most difficulty.

d Summary (5 min).

Review areas presenting most difficulty.

(c) Period 3. (2 hrs): Administration of Artificial Respiration  
under Special Conditions (LP 304-8-3-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers and  
adjacent practice area.

2 Instructional Aids and Equipment:

Video Tape \*H-MTC 1-B-3 (Time - 21:47)

TF 8-3021 - that portion which follows treatment of  
electric shock victim. Approximate running time  
9 minutes.

Vu-graph B-3-1, Copy picture #3 on page 64, FM 21-11.

Demonstration Materials: a. 2 M-17 protective mask  
b. 1 pharyngeal airway

Equipment Aids: Per two (2) trainees

One (1) ea mask, protective, M-17

One (1) ea blanket

If Video Tape is not available: TF 8-3021 & 16mm projector

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 21-11

5 Training Objectives: Trainee:

a Knows the conditions (wounds, contaminated atmosphere)  
under which it is not possible to perform mouth-to-  
mouth resuscitation.

\*HumRRO-MTC produced.

- b Knows alternative procedures which could be performed in case of wounds and/or contaminated atmosphere.
- c Performs the chest-pressure arm lift method (modified silvester) of artificial respiration on masked casualties.
- d Performs method(s) for restoring breathing to casualties with wounds which prevent use of mouth-to-mouth resuscitation.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, PE.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-B-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min)

Cover scope, reason, and importance.

b Explanation (12 min)

- 1) Introduce latter portion of TF 8-3021, First Aid, Part IV, "Resuscitation, mouth-to-mouth and mouth-to-nose (Running Time - 9 min).

NOTE: Show portion of film that is left after treatment of electrical shock victim.

VIDEO: This film will demonstrate application of artificial respiration by the mouth-to-nose method on asphyxiated casualties who have wounds of the face or jaw.

\*HumRRO-MTC produced.

- 2) Show the film and answer questions on film.
- 3) Answer trainee questions concerning film.

c Demonstration (36 min).

Talk-through application with practical exercise during each.

- 1) Demonstrate mouth-to-nose artificial respiration.
- 2) Demonstrate use of artificial airway in mouth-to-airway method.

NOTE: Point out that the pharyngeal airway does not prevent obstruction and that the head and neck should be extended. Also, if insertion of the airway is impossible, or if patient cannot tolerate it without gagging, coughing, or vomiting, it should not be used.

- 3) Demonstrate modified Silvester method of artificial respiration.

BREAK - 10 MINUTES

SECOND HOUR

d Application (47 min).

Modified Silvester artificial respiration.

- 1) Divide class into two-man teams, A and B and issue masks.
- 2) Each assistant instructor will supervise teams.  
A and B will alternate role of aidman and patient.
- 3) Assistant instructor talks member A through procedure to allow him to get rhythm.



- a) Member "A" stops procedure, gets up at signal from instructor, then gets down and starts from beginning without being told the steps.

NOTE: AI will check his rhythm.

- b) AI checks application and makes corrections as needed.
- 4) Assistant instructor talks "B" through procedure to allow him to get rhythm.

- a) "B" stops procedure, gets up at signal from instructor, then gets down and starts from beginning without being told the steps.

NOTE: AI will check his rhythm.

- b) Assistant instructor checks application and makes corrections where needed.

NOTE: Give students a one or two minute timed block on above exercise to check their rhythm after they have practiced following the steps as directed by assistant instructor. Check to see that they can maintain a smooth rhythm that is correctly time.

e Summary (3 min).

(d) Period 4. (1 hr): Establishment of Emergency Airway  
(LP 304-8-4-H)

1 Training Facility Requirements: Tent area or classroom equipped with TV receivers with Adjacent practice area (desirable).

2 Instructional Aids and Equipment:

Video Tape \*H-MTC 1-B-4 (Time - 16:21)

One (1) grease pencil per two (2) trainees.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230 (May 1961).

5 Training Objectives:

Trainee:

a Knows how to detect a clogged airway (air passage) necessitating an emergency cricothyroidotomy

b Knows how to make the incision and install and secure in place a regular or improvised air tube.

c Can locate the cricothyroid incision area on others.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-B-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

\*HumRRO-MTC produced.

a Introduction (1 min)

Cover scope, reason, and importance.

b Explanation (20 min).

- 1) Introduce video tape \*H-MTC 1-B-4 (includes parts of TF 8-3224) "Emergency Airway."

This film demonstrates how to determine when an emergency airway is necessary, It also clearly shows how to locate the incision area.

NOTE: During the film, each trainee should be instructed to locate the incision area on his own throat in accompaniment with the film explanation and illustration.

- 2) Show film.

c Application (25 min).

- 1) Following the film, each AI divides his trainees into A and B members of a two-man team. Member B lies on the ground on his back. The A member of the team locates the incision area on the throat of B member of the team.
- 2) The AI starts with the first team ready, hands the A member colored marking pen and watches him make the mark over the site to indicate the direction and length of the incision he would make.
- 3) The AI checks for correctness of site location and approximate size and direction of incision. The A member would also tell or show the AI

the object he would use for an air tube and explain how he would insert and secure it in place.

- 4) The same procedure is followed, but allowing B member to become the aidman.

d Summary (4 min).

- 1) Review and critique the PW.
- 2) Using large scale illustration or Vu-graph, review site of incision with reference to the location of thyroid cartilage, the cricoid cartilage, the major veins and arteries and the vocal cords.
- 3) Questions from class.

(e) Period 5. (1 hr): Application of Air-tight Pressure Dressings (LP 304-8-5-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers with adjacent practice area.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-B-5 (Time - 26:24).

Per two (2) trainees:

Three (3) ea. Bandage, Muslin, 37 x 57 x 52.

Two (2) ea. Dressing, first aid (small) 4 x 7" (new).

One (1) roll tape, adhesive, 3"

Per each Primary Instructor:

One (1) ea bandage, muslin, 37 x 57 x 52.

Per each Assistant Instructor:

One (1) each bandage, muslin, 37 x 57 x 52.

When TV not available:

One (1) projector (16 mm).

\*\*MN 7477 "Sucking Wounds of the Check." (Time - 14 min).

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230 (May 1961) par 195.

5 Training Objectives: Trainee:

\*HumRRO-MTC produced.

\*\*MN = Marine-Navy

- a Knows that approximate location and arrangement of the heart, lungs and diaphragm.
- b Knows the mechanics of respiration.
- c Knows that a sucking chest wound must be sealed with an air-tight pressure dressing in order to prevent collapse of the lungs.
- d Knows to always look for a wound of exit as well as one of entrance and to seal both when found.
- e Knows how to position casualty with sucking chest wound so as to assist his breathing.
- f Knows the technique for applying tape in securing and rendering chest wound dressings airtight.
- g Correctly applies an airtight pressure dressing (cravat application) for penetrating and perforated wounds of the chest cavity.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-B-5, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

b Explanation (16 min).

- 1) Show and summarize main points of film \*\*MN 7477  
Sucking Chest Wounds.

\*HumRRO-MTC produced.

\*\*MN = Marine-Navy

c Demonstration: Application of air-tight pressure dressings for perforated wounds of chest and upper back.

- 1) Instructor explains that we will be concerned with teaching the trainee how to carry out the aidman's sight, touch and question examination; how to apply airtight pressure dressings; and the position that would generally be most comfortable for the man to assume.

- 2) Demonstration to include:

NOTE: Aidman's actions while examining and treating casualty are accompanied by explanatory narration.

- a) Examination of casualty to determine site of wounds.
- b) Application of dressing.
- c) Aidman finds wound of exit - larger opening.
- d) Aidman applies sterile dressing.
- e) Aidman completes application of dressings using plastic or whatever is appropriate and cravats to seal opening and secure dressings in place.

Talk-Through Application: Square Knot.

NOTE: PI uses cravat bandage around his waist to demonstrate as he talks trainees through; AIs circulate and assist.

d Application: Air-tight Pressure Dressing with  
Cravats.

NOTE: Each AI forms his group of trainees into teams of two men each.

AI designates one member of each team as aidman and one as casualty. Casualty assumes prone or supine position on floor. PI describes specific location of sucking chest wound. Aidman applies air-tight pressure dressing for penetrating wound of chest cavity. Applications are checked by AIs and aidman-casualty roles are reversed. The new aidman applies airtight pressure dressing for perforated wound after being given specific locations for entrance and exit wounds.

e Demonstration (10 min). Use of adhesive tape in applying air-tight pressure dressing for penetrating and perforated wounds of chest and upper back.

- 1) Penetrating wound.
- 2) Perforating wound.

NOTE: Present step-by-step demonstration where both entrance and exit wounds are present and adhesive tape is applied. Narrate each step as it is carried out.

f Summary (2 min).



(f) Period 6. (2 hrs): Practical Exercise: Field Techniques  
for Assisting Breathing and Heart Action (LP 304-8-6-H)

1 Training Facility Requirements:

Outdoor area near tent area or classroom for Period 5.

2 Instructional Aids and Equipment:

Per Three (3) trainees:

Two (2) ea, Mask, protective M-17 - Medium

One (1) ea, Blanket, wool, OD

One (1) ea, Hollow tube, ex. ballpoint pen

Four (4) ea, Dressings, first aid, field, 4" x 7"

One (1) ea, RI tape, adhesive 3"

Four (4) dressings, first aid, field 7½ x 8" (new)

Four (4) dressings, first aid, field, large

One (1) ea, airway, plastic, pharangeal

Twelve (12) bandages, muslin, 37" x 37" x 52"

One (1) wax pencil

Checklists F, G, N, I, J, K

Per Assistant Instructor:

Two (2) ea, pencils

One (1) ea, cardboard box

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FMs 8-50 and 21-11.

5 Training Objectives:

Under field situations the trainee, without assistance applies those emergency lifesaving steps previously taught. In given situations, the trainee actually performs external cardiac massage, mouth-to-mouth resuscitation, and proceeds through the motions of cricothyroidotomy and open pneumothorax cases (Sucking Chest Wounds).

6 Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

a Introduction (10 min)

Instruct the trainees as follows:

- 1) During this period a number of different casualties or injury victims will be described to you.
- 2) After each casualty or accident victim has been described, it will be up to you to decide which techniques should be applied, and then to proceed to carry them out as quickly and efficiently as you can.
- 3) You will be formed into three man teams for the duration of this Practical Exercise.
- 4) Each member of the team will be assigned a number (either 1, 2, or 3) which will be his number throughout all of the casualty problems of this period.

5) Immediately after a casualty problem has been described, each team member will be assigned to act in one of three positions during that problem:

a) One member will be assigned as the aidman.

1) Aidman is responsible for deciding which treatment techniques to apply and for carrying out these treatment techniques.

b) One member will be assigned to act as the casualty.

c) One member will be assigned as the checker.

1) The checker will have in his possession checklists\* which list the steps, in the order in which they should be carried out, of all the treatment procedures you have been taught for assisting breathing and heart action.

2) After hearing the casualty description, the member appointed as aidman will inform the checker of the procedure he is planning to carry out.

3) The checker will then select the checklist for that procedure and proceed to use it to follow the aidman's actions.

\* The PI will prepare checklist for each type casualty for issue in this PE. Checklists will appear in the Lesson Plan for this period as Annexes.

APP E, LOs (Cont'd)

- 4) The checker is to prompt the aidman as to what to do next only if the aidman skips a step or reaches a point where he tells the checker he doesn't know what to do next.
- 5) When directed by the AI, the checker will also assist the aidman by becoming the external cardiac compression operator in the two operator procedure.
- 6) Assignments to these three positions will change with each casualty problem; these assignments will be made for example by telling you that the #1 man will be the aidman, #2 man the casualty, and #3 man the check; therefore be sure to remember your number and listen to the instructions.
- 7) AIs will be checking your work as you are carrying it out. They may also give you additional instructions as you are working on a casualty; for example, you, as aidman, may be carrying out the one operator method of mouth-to-mouth and external cardiac compression. The AI, pointing to the checker, tells you another aidman has come to assist you; at this point you would be expected to prepare to use him as the external cardiac compression operator until the AI instructs you to stop.

NOTE: Form the trainees into 3 ranks and 3-man teams will be organized. Organize trainee 3-man teams into groups with 4 teams (12 trainees and an assistant instructor will be assigned to each group. Instruct team members to remember what number rank they were in, whether it be 1, 2, or 3, and to keep that number throughout the practical exercise. Number 1 man picks up 1 blanket for his group. Number 2 man picks up checklist handouts.

b Conduct of Exercise

- 1) Conduct the exercise according to the procedures outlined in the Introduction above having 3-man trainee groups rotate through the following situations:

Situation A:

You have found a person lying on the ground. You see no signs of electrical wires or other danger in the area. He appears to be unconscious. You observe that he is breathing but not in a normal fashion. Instead, his breathing consists of irregularly occurring gasps for breath; the gasps are accompanied by crackling sound. You notice that his lips and fingernail beds have turned bluish in color. Treat him.

Situation B:

During a meal a man gets up suddenly, coughing, gagging, and holding his throat.

He runs from the table toward the latrine and then passes out. You can hear his efforts to breath.

Treat him.

Situation C:

You are an aidman with an Infantry Platoon in combat. You observe a soldier fall during an advance. When you arrive at his side, laying on the ground with the upper part of his body supported by his elbow; he is pressing his other hand to his chest and is gasping and panting for breath. When you remove his hand from his chest you see blood soaking through his shirt just slightly below the nipple on his right side.

Treat him.

Situation D:

You have found a person lying on the ground at the foot of an electrical power pole. Nailbeds, lips are bluish in color; no evidence of chest rising and falling. His leg is twisted under him and his left hand is badly burned. There are no electrical wires touching the ground. You are by yourself.

Treat him.

NOTE: Rotate groups through as many situations as time will permit; rotation positions within each thru-man group with each new situation.

(2) Control of External Hemorrhage (13 Hrs)

- (a) Period 1 (2 hrs): Introduction to Techniques for Control of External Hemorrhage (LP 304-3-1-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-C-1 (Time - 31:15)

Instructor:

Two (2) cravat bandages

One (1) small first aid dressing

One (1) medium first aid dressing

Per each trainee:

One (1) small first aid dressings

One (1) medium first aid dressings

Two (2) cravat bandages

When TV not available:

One (1) projector (16mm)

Films: MN 8-182 and TF 8-2539

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 21-11.

5 Training Objectives:

Trainee:

a Knows the general structure of the circulatory

• system, its functions, and its course taken

throughout the body.

- b Knows effect of blood loss.
- c Knows the signs of arterial, venous and capillary hemorrhaging and importance of pressure dressing to wound areas.
- d Knows the means by which bleeding is controlled-- pressure dressing, elevation, and the tourniquet. Trainee correctly applies a pressure dressing and bandage to simulate open wound of the forearm.

6 Less Outline.

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-C-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: A ten minute break is taken at the end of the 1st 50 minutes.

a Introduction (2 min)

Cover the scope, reason, and importance.

b Demonstration and Application (75 min)

1) Show films\*\* MN 8-168 and TF 2539

(Running time taped 31:15 min) to include:

- a) Point out how many methods of artificial control included one form of pressure or another.
- b) Most often, hemorrhage control in the field is effectively, safely, and practically controlled by applying a pressure dressing.



- c) Pressure dressings help collapse blood vessels in the wound area which supply the bleeding wound, and also collect blood to allow a clot to form rather than permit the escaping blood to flow out and away where it could not aid in the clotting process.
- d) Tourniquets are not often used, but may be required in certain emergency situations. Use of tourniquets will be covered in a future unit.

NOTE: Form the entire class into two-man groups each having member A and member B.

2) Demonstration #1 and Application:

Talk through application and PE on control of hemorrhage by use of pressure dressing and reinforcement.

- a) Talk-through application of small pressure dressing to control hemorrhage from a simulated wound of the forearm.

NOTE:- Pause between steps to allow member "B" of the previously formed two-man teams to carry out the step, using member "A" as the casualty.

NOTE: Assistant Instructors check and correct, as needed, application made by member "B" during taped demonstration.

- b) Member "A" makes application of forearm of member "B."

NOTE: Assistant Instructors check and correct, as needed, application made by member "A."

3) Demonstration #2 and Application:

Talk-through application of reenforcement of a pressure dressing already in place.

NOTE: Demonstration of application of a medium pressure dressing to reenforce the small pressure dressing. Reenforcement was judged to be needed because blood was flowing out from pressure dressing.

NOTE: Pause between steps to allow member "A" to carry out the step on member "B," the casualty.

Member "B" is directed to apply reenforcing dressing to member "A."

NOTE: Assistant instructors check and correct, as needed, member "B's" application.

4) Demonstration #3 and Application:

Talk through application of cravat to protect dressings and apply additional pressure.

NOTE: Pause between steps to allow member "B" to carry out step on member "A."

Member "A" makes application on forearm of member "B."

NOTE: Assistant instructors check and correct, as needed, applications made by member "A."

5) Demonstration #4 and Application:

Talk through application of immobilization and elevation of an injured area by forming an arm sling from a triangular bandage.

NOTE: Pause between steps to allow member "A" to carry out step on member "B," the casualty.

Member "B" makes arm sling application on forearm of member "A."

NOTE: Assistant instructors check and correct, as needed, application made by member "B." Following approval by AI, all dressings will be removed.

c Application (10 min).

- 1) Member "B" makes complete application of pressure dressing, reinforcing dressing, cravat, and arm sling on forearm of member "A."

NOTE: Assistant instructors check during application done by member "B," and make corrections as needed.

- 2) Member "A" makes complete application (as in 1) above) on forearm of member "B."

NOTE: Assistant instructors check during application done by member "A," and make corrections as needed.

d Demonstration and Application (10 min):

Talk-through application; securing pressure dressings and cravats used during period.

- 1) Securing pressure dressings.

NOTE: Pause between steps to allow both team members to carry out the steps.

- 2) Securing cravat bandage.

NOTE: Pause between steps to allow both team members to carry out the steps.

e Review (3 min).

- (b) Period 2 (2 hrs): Field Techniques for Control of Hemorrhage: Pressure Dressings of Head, Neck and Face (LP 304-3-2-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

Per each trainee:

One (1) dressing, First Aid, Field, camouflaged, sterile, 4" x 7" (new)

One (1) bandage, muslin, camouflaged, 37" x 37" x 52" (new)

Two (2) tongue depressors.

TV Tape \*H-MTC 1-C-2 (23:31 min) Application of pressure dressing, head, neck and face.

If \*H-MTC Tape 1-C-2 is not available:

Vu-graph (I) 1-C-2-(1)

Shows major arteries and veins of head, face, and neck and location of airway. Based on relevant portions of Fig. 23, 24; pages 63, 64, TM 8-230.

Vu-graph (I) 1-C-2-(2): Same as above except showing neck wound with large vessels cut.

Vu-graph overlays.

(1) Proportionately sized jagged blots to indicate:

Overlay #1: Scalp wound (approximately 2 inches above right ear).

Overlay #2: Scalp wound - top of head.

Overlay #3: Cheek wound - right side of face.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 21-11.

5 Training Objectives:

Trainee:

- a Knows the number and approximate location of the major veins and arteries in the head, face, and neck.
- b Knows that wounds of the face and neck are also likely to cause associate airway problems.
- c Knows how to position casualties with wounds of head, face, neck to assist in controlling hemorrhage, assist breathing, and retard development of shock.
- d Correctly applies pressure dressings to control hemorrhage from wounds of the scalp.
- e Correctly applies pressure dressings to control hemorrhage from wounds of the face.
- f Correctly applies pressure dressings to control hemorrhage from wounds of the jaw and chin.
- g Correctly applies pressure dressings to control hemorrhage from wounds of the neck.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

APP E, LOs (Cont'd)

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-C-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: A 10-minute break is to be taken at the end of the 1st 50 minutes.

a Introduction (3 min)

Cover scope, reason, and importance.

b Explanation and Demonstration (95 min).

- 1) Demonstrate and explain major blood vessels of the head, face, and neck.

NOTE: Show Vu-graph (I) 1-C-2(1): Arteries and veins of the head, face and neck. Explain their location with reference to bones, skin surface, and airway while tracing their route.

- 2) Demonstrate and explain wounds of the scalp.

- a) Use of pressure dressings and elevation to control external hemorrhage for wounds of the scalp.

NOTE: 1. Show Vu-graph (I) 1-C-2-(1) with wound overlay #1 Vu-graph (I) 1-C-2-(1) based on profile outline of head, face, and neck showing major vessels and airway. See relevant portion of fig. 23, page 63, TM 8-230. Wound overlay consists of simply of a proportionately sized jagged blot to indicate wound site on scalp located approximately 2 inches above right ear.

2. Explain, using Vu-graph the general borders of the scalp area.

\*HumRRO-MTC produced.

3. Point out expected bleeding characteristics of this wound (scant or profuse) along with any other generally expected complications as applicable, such as unconsciousness or airway problems.

c Demonstration \*#1.

Demonstrate and explain application of pressure dressings to wounds of the scalp.

- 1) Situation: Casualty found with profusely bleeding wound on left side of head, about 2 inches above the ear. Casualty is conscious. Sight question examination reveals no evidence of an airway problem. Aidman places him in a sitting position to assist in control of hemorrhage.

d Application #1.

Pressure dressing and cravat to wound of scalp.

NOTE: Trainees divided into "A" and "B" teams.

"A" trainees will apply to "B" trainees for first application.

AIs will circulate within their own groups and check and critique as needed; AI will approve each application before it is removed.

Following AI approval, application is removed from "B" member and "B" member applies it to "A" member.

- e Demonstration \*#2. Demonstrate and explain application of pressure dressings for wounds of the top surface of the head.

\*Use of TV Tape.

APP E, 10s (Cont'd)

- 1) Show Vu-graph (I) 1-C-2-(1) with wound overlay #2 (Wound site: Top of head).
- 2) Point out expected bleeding characteristics (scant, profuse, etc) along with any other generally expected complications as applicable (for example, unconsciousness, airway problems).
- 3) Situation: Casualty found lying prone, apparently unconscious.
  - a) Aidman clears airway, turns casualty onto side or stomach to promote drainage from airway.
  - b) Checks carotid pulse and pupils; finds pulse and pupils normal. (Explain)
  - c) Applies pressure dressing to wound.
  - d) Applies cravat bandage to exert additional pressure and protection.
- f Application #2. Control of hemorrhage from wounds of top of head.
  - 1) "B" team trainees apply to "A" team trainees.
  - 2) AIs check and correct applications within their own groups.
  - 3) Following approval by AI application is removed from "A" team member.
  - 4) "A" team members apply to "B" team members.
  - 5) Applications checked and corrected by AI.



- g Demonstration \*#3. Demonstrate and explain pressure dressings and positioning in control of hemorrhage for wounds of face.
- 1) Show Vu-graph (I) 1-C-2-(1) with wound overlay #3, (cheek wound).
  - 2) Point out expected bleeding characteristics of wound of this area; expected airway problems.
  - 3) Situation: Casualty found lying on his left side on ground, conscious and holding lower jaw. Missile fragment has ripped cheek open on right side of face.
    - a) Aidman encourages casualty to continue supporting his jaw, assists him into sitting position with his knees spread and his shoulders resting against his knees, head forward to assist in drainage.
    - b) Aidman clears debris from airway.
    - c) Places long padded sticks between rear molars (both sides).
    - d) Places a small sterile field dressing over cheek wound.
    - e) Applies cravat of jaw to assist in holding dressing snugly in place and to support jaw.
    - f) Places casualty in coma position with head and shoulders slightly elevated while he awaits evacuation.

h Application #3. Control of hemorrhage from cheek wound.

- 1) "A" team applies control of hemorrhage measures demonstrated to "B" team members.
- 2) AIs check and correct within their own groups during application.
- 3) Following approval by AI application is removed from "B" team member.
- 4) "B" team member applies to "A" team member.
- 5) Application checked, corrected by AI and approved before removal.

i Demonstration \*#4. Demonstrate and explain control of hemorrhage with wounds of the neck.

- 1) Show Vu-graph (I) 1-C-2-(1) with wound overlays #4 (wound of neck).
- 2) Wounds of neck fall into two general categories:
- 3) Wounds of neck with severed carotid artery or jugular vein
- 4) Neck wounds not involving the carotid artery or jugular vein.

1 Summary (3 min).

(c) Period 3. (2 hrs): Application of Pressure Dressings  
to Upper Extremities (LP 304-3-3-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment Requirement:

TV Tape \*H-MTC 1-C-3 (Time - 16:17)

Per each trainee:

Two (2) Dressings, First Aid, Small, Field,

Camouflaged, 4"x 7" (new).

Two (2) Bandage, Muslin, Camouflaged, 37" x 37" x 52"

If TV Tape \*H-MTC 29-10-D is not used:

Vu-graph 1-1-D-2-(1) w/Overlay. Major arteries, veins.

One (1) Vu-graph projector.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 21-11.

5 Training Objectives:

a Knows the number and approximate location of the  
major veins and arteries in the region surrounding  
the shoulder girdle and extending down the arms  
and including the hands; locate with reference to  
the bones and surface of the skin.

b Knows that a tourniquet would be applied in case  
the arm, forearm, or hand had been amputated by  
the wounding.

c Correctly applies pressure dressings and cravat bandages to control bleeding from wounds of the shoulder and elbow.

d Correctly applies pressure dressing and cravat bandages to control bleeding from wounds of the palm of the hand.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-C-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: A 10-minute break will be taken at the end of 1st 50 minutes.

a Introduction (2 min)

Cover scope, reasons, importance and tie-in with previous 2 periods.

b Explanation - Explain and demonstrate (95 min).

1) Major blood vessels of the upper extremities.

a) Major arteries.

NOTE: Show Vu-graph I-1-D-2-(1) with Overlay (major arteries).

b) Major veins.

NOTE: Show Vu-graph I-1-D-2-(1) with Overlay (major veins)

c Demonstration:\*\*

Use of pressure dressings to control external hemorrhage from wound of the shoulder area.

\*HumRRO-MTC produced

\*\*Use TV Tape \*H-MTC 1-C-3, if available.

- NOTE:
- (1) PI will form trainees into three groups of approximately equal size.
  - (2) PI will assign one AI to each group.
  - (3) Trainees will be situated to permit viewing of TV demonstration.
  - (4) PI will inform trainees that at different points in the application the TV demonstration will stop and they will carry out the steps just demonstrated. In this way they will be talked through the entire application.
  - (5) PI will inform trainees that after the talk-through application is completed they will each be given time to apply the same complete application to each other without step-by-step directions.
  - (6) Group AIs will designate alternately seated trainees (or 1st row - 2nd row) as "A" and "B" trainees.
  - (7) Group AIs will explain that when demonstration (video or live) stops "A" trainees will carry out the steps demonstrated using the "B" trainee as the casualty. As soon as AI has given his approval of the application on the "B" and trainees remaining in place, "B" trainee will apply the same application to "A" trainee.
  - (8) All applications made during the demonstration will remain in place so that after application of the final steps of the demonstration, the complete application will be in place on both "A" and "B" trainees.
  - (9) AIs distribute necessary supplies.

1, Situation:

- a) A soldier has been hit in the right shoulder by a missile fragment. The fragment entered and embedded itself in the shoulder just below the collarbone and just medial to the shoulder joint.

NOTE: (1) Show Vu-graph I-1-D-2-(1) with Major Artery and Vein Overlays.  
(2) Indicate the location of the wound and the aidman quickly examining the casualty for wound of exit and preparing to apply a pressure dressing.

2) Demonstrate Application and Securing of Pressure Dressing.

NOTE: (1) Describe in step-by-step fashion, in accompaniment to aidman (demonstrator's) application, the securing of the dressing.

d Trainee application of steps demonstrated in c above.

NOTE: (1) Group AIs supervise "A" members application of preceding demonstration steps to "B" members;  
(2) Group AIs check and after giving approval direct "B" member to apply to "A" member.  
(3) All applications remain in place and are not removed after approval.

e Demonstration: \* Application of bandage (shoulder-armpit cravat).

f Trainee Application of Steps Demonstrated.

- NOTE: (1) Group AIs supervise application of shoulder-armpit cravat over previously applied dressings.
- (2) Procedure for "A" applying to "B", and "B" to "A" is same as in preceding application of dressings.
- (3) After Group AI has approved each application, he directs them to remove the entire application.

g Application: Pressure Dressing and Cravat -  
Wound of shoulder.

- NOTE: (1) Group AI informs trainees that each "B" trainee has been hit in the shoulder in same location as shown in demonstration.
- (2) AI directs "A" trainee to treat for control of hemorrhage.
- (3) Group AIs circulate among group critique and correct as needed.
- (4) As soon as AI approves a completed (packing, pressure dressing, shoulder-armpit cravat) application, he directs it to be removed and the "B" member to act as aidman and make same application to "A" trainee.

h Demonstration: \* Wound in Elbow Region.

1) Instructions:

- a) PI will inform trainees that they will now see a demonstration of how to apply pressure dressings over a joint.
- b) Demonstration will be of wound of elbow region. Same type of application could be used on knee.

APP E, LOs (Cont'd)

- c) At different points during the video demonstration, TV will be stopped while trainees carry out the steps demonstrated up to that point.
  - d) Same procedure of "A" and "B" trainees applying during these pauses in the demonstration will be used as was used earlier (shoulder wound).
  - e) Following completion of demonstration each trainee will have arm, the completed application over the elbow.
  - f) Each trainee will then be given a chance to practice applying the dressing and cravat without step-by-step directions.
- 2) Situation: Soldier, during an advance up a steep shale covered slope, lost his footing and fell approximately 100 feet down the slope on his back. In attempting to hold his weapon across his chest, the shale dug into his elbow, ripped off the clothing covering the elbow, and deeply lacerated underneath and inner side of the elbow.

NOTE: (1) Show Vu-graph I-1-D-2-(1) with Major Arteries and Veins Overlays.



(2) Point out course of major veins and arteries through elbow region.

(3) Point out region of lacerations.

3) Demonstration\* of Application of Pressure Dressings: Wound of Elbow.

i Trainee Application of Steps Demonstrated in h above.

NOTE: Group AIs supervise "A's" application to "B," and leaving application in place, "B's" application to "A."

j Demonstration\* of Application of Bandage: Cravat of Elbow.

k Trainee Application of Steps Demonstrated:

NOTE: (1) Group AIs supervise "A's" application to "B" of cravat over already applied dressing;

(2) After AIs approval of "A's" application, "B" makes same application to "A."

(3) After AIs approval of "B's" application dressings and cravats are removed.

l Application: Pressure Dressing and Cravat-Wound of Elbow.

NOTE: (1) Group AI informs trainees that each "B" trainee has wound of elbow as just shown in the demonstration.

(2) Group AIs directs "A" trainees to treat for control of hemorrhage.

(3) Group AIs circulate among group, critique and correct as needed.

\*Use TV Tape \*H-MTC 1-C-3, if available.

- (4) As soon as AI approves the application (dressing and cravat) he directs that it be removed and that the "B" trainees carry out the same treatment on the "A" trainee.
- (5) Group AI supervises and critiques "B" trainees application and after approval directs its removal.

\*

m Demonstration/Application: Wound of Hand.

1) Instructions:

- a) PI will inform trainees that they will now see a demonstration of how to use pressure dressings to control hemorrhage for wound of palm of hand.
- b) Video demonstration will be stopped at different points to allow the "A" trainee to carry out the steps demonstrated on the "B" trainee.
- c) The "B" trainee will not apply cravat until after the demonstration.

2) Situation:

Aidman, in the field with an Infantry Platoon, is called to treat a man who has received a deep cut running diagonally across the palm of his hand. The cut starts about midway between the base of the thumb and the base of the first finger and runs diagonally across the hollow of the palm to a point near the wrist.

\*Use TV Tape \*H-MTC 1-C-3, if available.

- a) Review major veins and arteries in  
palm of hand.

NOTE: (1) Show Vu-graph I-1-D-2-(1) with Major Veins and Arteries  
Overlays.  
(2) Point out blood vessel distribution on back of hand.  
(3) Point out blood vessel distribution in palm.  
(4) Indicate with pointer location of deep cut described in  
situation.

- 3) Demonstration\* and explanation of  
application of pressure dressing to palm.

n Trainee "A's" Application of Steps Demonstrated.

NOTE: (1) Group AIs supervise the application of steps demonstrated.  
(2) "A" trainees will apply to "B" trainees only, leaving the  
pressure dressing in place following AIs check and approval.

o Demonstration\* of Application of Bandage:  
Cravat of Palm.

p Trainee "A's" Application of Steps Demonstrated.

NOTE: (1) Group AIs supervise and critique trainee "A's" as they apply  
cravat of palm, to trainee B, over previously applied dressing.  
(2) After AI approves application, Trainee "A" removes it from  
Trainee "B's" hand.

q Application: Pressure Dressing and Cravat -  
Wound of Palm of Hand.

NOTE: (1) Group AIs direct "B" trainees to apply pressure dressings to  
control hemorrhage from deep cut in palm of hand.

(2) "A" trainees will serve as casualties.

(3) Group AIs observe "B" trainees and critique performance.

g Summary (3 min).

\*Use TV Tape \*H-MTC 1-C-3, if available.

(d) Period 4. (1 hr): Control of Hemorrhage: Abdominal Wounds (LP 304-3-4-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment Requirements:

TV Tape \*H-MTC 1-C-4 (Time - 18:45).

One (1) Blanket per two (2) trainees.

If TV Tape is not available:

One (1) Vu-graph projector; Vu-graph 304-3-4 w/  
overlays 304-3-4-1 through 304-3-4-6.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230.

5 Training Objectives:

a The trainee knows the veins, arteries, and organs  
found within the abdominal region.

b The trainee correctly treats wounds of the abdominal  
region.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-C-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min)

Cover scope, reason and importance.

NOTE: Instruction in para b, c, and d below is allocated 45 minutes.

b Explanation and demonstration of arteries, veins and organs.

- 1) Explain, pointing out on Vu-graph 304-4-4 the major veins and arteries.

NOTE: Show Vu-graph 304-4-4 showing the following arteries and veins:

- a) Aorta.
  - b) Inferior vena cava.
  - c) Renal artery.
  - d) Renal vein.
  - e) External Iliac artery.
  - f) External Iliac vein.
  - g) Femoral artery.
  - h) Femoral vein.
- 2) Point out and explain general function of the liver and spleen.

NOTE: Show Overlay I-C-4-1

- 3) Point out location of the stomach and reasons for variations in size and location.

NOTE: Show Overlay I-C-4-2

- 4) Point out location of kidney and uterers and their general functions.

NOTE: Show Overlay I-C-4-3

- 5) Point out location of the bladder and infectious results of penetration.

NOTE: Show Overlay I-C-4-4

- 6) Point out the small intestines and explain general functions.

NOTE: Show Overlay I-C-4-5.

- 7) Point out the large intestine, or colon and explain the general functions.

NOTE: Show Overlay I-C-4-6.

NOTE: Continue to show Vu-graph with all overlays.

- 8) Show and explain that the intestines are held in place by thin tissue. The source of hemorrhaging from wounds of this area, and that the control of this hemorrhage requires the skills and equipment of a surgical facility.
- 9) Point out that there is a great deal the aidman can do to prevent further hemorrhage and lessen the likelihood of infection.

c Demonstration: Treatment of an Abdominal Wound.

NOTE: Demonstrate and explain care of wound and protrusions, covering wound with large sterile dressing, use of clamps, additional dressings, securing dressings, use of bandages, use of morphine, positioning the casualty, arrangements for evacuation.

d Application:

- 1) The "A" member of the two-man team will dress an abdominal wound, making application to member "B."
- 2) Following approval by the AI, the "B" member makes application to the "A" member.

e Summary (3 min).

(e) Period 5. (2 hrs): Control of Hemorrhage: Lower  
Extremities (LP 304-4-5-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-C-5 (Time 22:19)

Per Two (2) Trainees:

One (1) Dressing, Field Large, Camouflage,

Two (2) Bandage, Muslin, 37" x 37" x 52"

One (1) Dressing, Field, Small, Camouflage, 4 x 7"  
(new).

When TV not available:

One (1) overhead projector.

Vu-graphs 1-C-5-1 through 1-C-5-4.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 21-11.

5 Training Objectives: The trainee:

a Will know the number and approximate location of  
the major veins and arteries in the hips and ex-  
tending down the legs and including the feet; locate  
major veins and arteries with reference to the bones  
and surface of the skin.

b Will know that a tourniquet would be applied in case  
the thigh, lower leg, or foot had been amputated  
by the wounding.



- c Will know how to position a casualty with wounds of the lower extremities to assist in controlling hemorrhage, assist breathing, and retard development of shock.
- d Correctly applies pressure dressings to control bleeding from massive tissue wounds of the thigh or buttocks.
- e Correctly applies pressure dressings to control bleeding from wounds of the knee.
- f Correctly applies pressure dressings to control bleeding from wounds of the foot and ankle.

6 Lesson Outline:

NOTE: Instructional Method: Demonstration, Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-C-5, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

NOTE: A 10 minute break is to be taken at the end of the 1st 50 minutes.

NOTE: Explanation, Demonstrations and Applications which follow are allocated (95 minutes).

b Explanation.

- 1) Briefly review the methods of controlling hemorrhage.

NOTE: Show Vu-graph I-C-5-1, and briefly explain.

- 2) Explain the location of the major veins and

arteries found in the hips, extending down the legs into the feet.

- c Demonstrate emergency treatment techniques employed to control hemorrhage from massive tissue wounds of the thigh or buttocks.

NOTE: Show Vu-graph I-C-5-2.

NOTE: Show Vu-graph I-C-5-3.

- 1) Explain and demonstrate treatment technique to include use of dressing(s) and bandages.

d Application

- 1) The class will be divided into two (2) man teams. One man will be member "A," the other member "B."
- 2) "A" member applies treatment technique for massive tissue wound of thigh or buttock to "B" member.
- 3) "A" corrects and approves application.
- 4) "B" member applies treatment technique for a similar wound to "A" member.
- 5) AI corrects and approves application.

e Explanation

Application of pressure dressing, knee wound to include review of location of veins and arteries.

NOTE: Show vu-graph I-C-5-4

f Demonstration:

Application of pressure dressing to wound of knee.

g Application of pressure dressing to wound of knee.

- 1) The class will be divided into two (2) man teams. One man will be member "A," the other member "B."
- 2) "A" member applies treatment technique for a wound of the knee to "B" member.
- 3) "A" corrects and approves application.
- 4) "B" member applies treatment technique for a similar wound to "A" member.
- 5) AI corrects and approves application.

h Demonstration:

Wounds of foot or ankle.

- 1) Location of major veins and arteries.

NOTE: Show Vu-graph depicting location of major veins and arteries and their relation to bones and the surface of the skin.

- 2) Treatment of wound.

i Application

NOTE: Application will be carried out according to directions of par g above.

j Summary (3 min).

(f) Period 6. (1 hr): Control of Hemorrhage: Use of  
Tourniquet (LP 304-3-6-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-C-6 (Time - 14:15)

Per two (2) trainees:

One (1) tourniquet, non-pneumatic

Two (2) bandage, muslin, 37" x 37" x 52" (new or used)

One (1) stick approximately 1" in diameter and 10" long

One (1) wax pencil

Two (2) Field Medical Cards

When TV not available:

One (1) overhead projector

Vu-graph 1-C-6 showing brachial and femoral  
arteries and a traumatic amputation.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230.

5 Training Objectives: The trainee:

- a Knows the signs and conditions indicating the need  
for a tourniquet in addition to pressure dressings  
and elevation.

\*HumRRO-MTC produced.

- b Knows that a tourniquet would always be applied for traumatic amputations except those of the fingers or toes.
- c Knows rules for selecting the point of application for the tourniquet.
- d Knows conditions under which tourniquets are to be released and information which must be attached to casualty when tourniquet is applied.
- e Knows dangers of a tourniquet applied too loosely and how to identify an inadequately applied tourniquet.
- f Applies tourniquets (standard issue and improvised) to representative problem areas of upper and lower extremities and attaches the appropriate information to the casualty.

6 Lesson Outline:

NOTE: Instructional Method: Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-C-6, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

NOTE: Explanation, demonstrating and application in the period are allocated (46 min).

\*HumRRO-MTC produced.

b Explanation

- 1) Explain rules and precautions for applying tourniquets.

NOTE: Show Vu-graph 1-C-6 and illustrate.

- 2) Give examples of materials appropriate for use as tourniquets.

c Demonstration.

- 1) Demonstrate application of a tourniquet using a tied loop and windlass, binding the windlass.
- 2) State rules for tightness.
- 3) Illustrate entry on field medical tag, and marking patient's forehead.
- 4) Give rule for immediate evacuation positioning of patient, and not removing tourniquet.
- 5) Cover venous bleeding.

d) Application

- 1) The assistant instructor will describe the wound (or slide may be shown on video).

NOTE: The AI will make sure that padding is used under all tourniquets.

- 2) Working in two-man teams, member "A" applies the tourniquet on the appropriate location on member "B," secures tourniquet, checks for pulse under AI's supervision, and enters appropriate information on patient's field medical card.
- 3) Tourniquet is then released and member "B" applies to member "A," repeating the same procedure.

4) Process in 2) and 3) above is repeated as  
time permits.

e Summary (2 min).

- (g) Period 7. (3 hrs): P.E.: Control of External Hemorrhage (LP 304-3-7-H)

1 Training Facility Requirements:

Outside training area.

2 Instructional Aids and Equipment:

Equipment needed to treat situations 1 through 7.

(Consolidated) Per three (3) trainees:

One (1) blanket

One (1) Medium field dressing

One (1) Large field dressing

Two (2) Small field dressings

Five (5) Good cravat bandages

One (1) Roll 3-inch adhesive tape.

One (1) Bensolkonium chloride applicator

One (1) Booklet field medical cards

One (1) Tongue depressors

One (1) Windlass stick (for tourniquet)

One (1) copy checklist

One (1) Checklist for each of the seven situations.

One (1) Situation statement card graphicaaly illustrated  
for each of the seven situations.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230 and all previous Lesson Outlines on Control  
of External Hemorrhage.



5 Training Objectives:

The trainee will become more proficient in proper procedures for control of external hemorrhage.

6 Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

a Introduction (2 min).

Cover scope, reason and importance.

NOTE: The PI prepares ahead of classtime, sufficient copies of seven written, graphically illustrated, situations to issue one copy of each situation to each three trainees. These situations will each state briefly, (illustrating, as applicable) the nature of the wound(s), location(s), condition of the patient and the wound (as for tissue and bleeding), and will direct the trainee to take proper action to treat the patient and the wound. Situations will be:

- 1) Large wound of buttocks.
- 2) Laceration(s) of the head.
- 3) Perforating wound of the thigh.
- 4) Abdominal wound.
- 5) Sucking chest wound.
- 6) Amputation.
- 7) Penetrating wound of the arm w/no break  
but spurting blood.

The PI will also prepare check lists for each of the seven situations showing step-by-step what the aidman should do to properly treat the patient and the wound. The PI will also prepare an AI solution sheet for each of the seven treatments.

NOTE: A 10 minute break is taken at the end of each 50 minutes of instruction.

b Organization of trainees (3 min).

- 1) Trainees will be formed into 3 ranks and 3-man teams will be organized. They will keep their assigned teams throughout the rest of the 3 hour period.
- 2) An equal number of 3-man groups is assigned to each instructor. The seven exercises are carried out successively with all men working on identical wounds at any one time.

c Practical Exercises in Control of Hemorrhage of Specific Locations (145 min).

- 1) First Exercise: Massive wound of the buttocks.

NOTE: Situation card states the situation and graphically portrays the wound.

- a) Situation #1: During an artillery attack, you come across a soldier who is suffering from a two-by-five inch fragmentary wound of his left buttocks. He is conscious and a quick check assures you that his breathing has not been interfered with. The wound is producing profuse hemorrhage, and some of the tissue actually seems to be missing. Provide the correct treatment.

## b) Treatment:

- 1) Give all #1 men the checklist for this wound and instruct them to prompt the operator only if the man leaves out a step, or mixes up the sequence, or includes a treatment which would be unwise.
- 2) For solution, refer to A.I. solution sheet.
- 3) Conduct practical exercise in accordance with following diagram:

Aidman: #3	Casualty: #2	Checker: #1
------------	--------------	-------------

- 4) Assistant instructor makes corrections as needed when checker has not corrected mistake.
- 5) Critique and summarize the exercise.

## 2) Second exercise: Lacerations of the head.

**NOTE:** The second through seventh exercises are carried out in the same manner as the first; exercises occurring successively for the entire class, and trainees in each 3-man group rotating in assignments.

- 3) Third Exercise, perforating wound of the thigh.
- 4) Fourth Exercise, abdominal wound.
- 5) Fifth Exercise, sucking chest wound.
- 6) Sixth Exercise, traumatic amputation at the wrist.
- 7) Seventh Exercise, penetrating wound of the arm with spurting blood.

(3) Immobilization of Injured Parts and Prevention of Shock

(27 hrs)

(a) Period 1 (1 hr): Introduction to Field Techniques

for the Immobilization of Injured Parts: Upper Extremities

(LP 304-20-1-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-D-1 (Time 25:01)

If TV tape is not used Film \*\*MN 8184a (time - 13:00)

Vu-graphs D-1-1 through D-1-6

One (1) Vu-graph projector.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230.

5 Training Objectives: Trainee:

a Knows that the company aidman would carry out immobilization of injured parts only after he had first dealt with critical bleeding and airway problems which might be present;

b Knows that an open fracture is one in which there is a break in the skin which communicates directly with the break in the bone;

\*HumRRO-MTC produced.

\*\*MN = Marine-Navy.

- c Knows that in a closed fracture there is a break in the bone but no communication to the skin surface;
- d Knows all suspected fractures must be treated as though they were confirmed fractures;
- e Knows that the main objectives in treatment of fractures are to prevent further injury, to relieve pain, to prevent further contamination of open fractures, and to control bleeding;
- f Knows the general signs and symptoms and how to proceed in carrying out a "sight, touch, question" examination under battlefield conditions for fractures.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- a Introduction (3 min).  
Cover scope, reason, and importance.
- b Explanation (45 min).
  - 1) Introduce, show and discuss high points of Film \*\*MN 8184a (Running time : 13 min).
  - 2) Show successively Vu-graphs D-1-1 through D-1-6 explaining:

- a) Types of fractures.
- b) Reasons for immobilization.
- c) What immobilization accomplishes.
- d) Recognition of fractures by sight, touch and questioning.
- e) Treatment: Examine patient; life saving steps (check and control hemorrhage); sight, touch and examination for fractures and other injury; treatment of all suspected fractures by immobilization; prevention of shock.

e Summary (2 min).

- (b) Period 2. (3 hrs): Field Techniques for Immobilization;  
Upper Extremities (Forearm, wrist and hand) (LP 304-20-2-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-D-2 (Time - 31:06)

If TV not available:

One (1) Vu-graph projector, Vu-graphs D-2-2 through  
D-2-4.

Per Each Two (2) Trainees:

One (1) basswood splint 4" x 18"

One (1) wire ladder splint 3½" x 31"

One (1) wire fabric splint 5½ x 36"

One (1) dressing, first aid field 4" x 7"

Two (2) bandages, roller, cotton elastic, 3"

Ten (10) bandages, muslin 37" x 37" x 52"

Per Each Assistant Instructor:

Two (2) Pencils, wax, marking.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives: Trainee will:

- a Know that the upper extremities consists of  
collarbone, shoulder blades, and bones of the  
upper arm, forearm, wrist and hand;

- b Know the skeletal structure of the forearm, wrist, and hand; and with the approximate location of the major veins and arteries with reference to these bones and the skin surface;
- c Know the common signs and symptoms which would lead an aidman to suspect a fracture in case of:

  - 1) An open wound of the forearm, wrist or hand
  - 2) A casualty with a closed fracture of the forearm, wrist or hand;
- d Immobilize suspected fractures of the forearm, wrist and hand by applying basswood, wire ladder, wire fabric, or improvised splints with a supporting arm sling secured to the chest wall;
- e Apply splints for suspected fractures of the forearm, wrist, and hand by proceeding, in order listed, through the following steps:

  - 1) Dress open wounds of the fractured area;
  - 2) Pad splints;
  - 3) Apply splints to injured area, avoiding open wounds and placing forearm and hand in position of function;
  - 4) Secure splint in place, following the rules for location of the securing ties;
  - 5) Protect and support splinted part by applying an arm sling and securing it to the chest wall;



- 6) Check application to insure that it does not restrict circulation and that joints above and below the fracture are immobilized.

f Select or prepare improvised splints for the forearm, wrist and hand which are of acceptable length, width and weight.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Conference, Demonstration and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (3 min).

Cover scope, reason, and importance.

NOTE: 144 minutes is allocated to explanation, demonstration and practical exercise. A 10 minute break is taken after each 50 minutes of instruction.

b Explanation, demonstration, practical exercise.

NOTE: Show Vu-graph D-2-2 (using overlays 1 and 2) less upper arm.

- 1) Explain and demonstrate structure and functioning of lower arm to include bones of lower arm, wrist and hand and general location of arteries, veins and nerves.
- 2) Explain and demonstrate signs and symptoms of fracture of forearm, wrist, and hand for closed fracture and open fracture.

NOTE: Show Vu-graphs D-2-3 and D-2-4

- 3) Display and explain characteristics and uses for basswood splint, wire ladder splint, wire fabric splint and explain selection and use of improvised splints.

NOTE: With trainees remaining in the instruction building, PI will designate, on the basis of the seating arrangement, every other trainee as aidman during the forthcoming talk-through demonstration and application. The remaining trainees will serve as the casualty. Both aidman and casualty should remain seated during the talk-through demonstration and visually oriented toward the TV set. Supplies for the application are distributed. See Instructional Aids. Each AI is assigned a section of 12-14 trainees to supervise and correct. The PI instructs the trainees on procedure during the forthcoming talk-through demonstration, telling them the nature of the application which will be carried out. PI will also indicate that after each step is demonstrated there will be a pause in the video program (or demonstration) to enable the acting aidmen to carry out the step. Applications will be made only during these pauses. All trainees should be watching the TV set (or demonstration) during the step demonstration.

c Demonstration\* and Application:

Talk-through application of basswood splint.

NOTE: The demonstration will stop after each step so as to allow team "A" to make the application for that step immediately. The AI will check each step as it is applied.

\*Use TV Tape H-MTC 1-D-2, if available.

- 1) Step One, demonstration: The patient is sitting on the ground supporting his right forearm. The aidman comes upon the casualty. Using the sight method he notices that there is no airway complication but the patient is bleeding from the open missile wound of the forearm. He then applies a pressure dressing and bandage to control hemorrhage. While he questions the patient he continues his examination for fractures or other injuries.
- 2) Application: Stop TV (or demonstration); student applies dressing and bandage.
- 3) Step two, demonstration: Pad splint.
- 4) Application or demonstration: Students pad splint.
- 5) Step three, demonstration: Apply splint in position of function. Patient supports his limb.
- 6) Application or demonstration: Student applies splint in position.
- 7) Step four, demonstration: Secure splint to limb.
- 8) Application: Stop TV, or demonstration: Student applies bindings.
- 9) Step 5, demonstration: Apply arm sling for support and secure to chest wall.

- 10) Application: Stop TV or demonstration,  
student applies.

NOTE: AI check each completed application.

- 11) Application continued:
  - a) Team "B" make same application (AI will use check list to check).
  - b) AI check each completed application.
  - c) Team "A" make same application.
  - d) AI check each completed application.
- 12) Demonstration: Talk through application;  
wire ladder splint to include life saving steps,  
similarity to basswood splint, demonstration  
in measuring and bending splint to fit the  
limb and padding the splint.

NOTE: (1) Students will remain in same group in two-man teams which were designated as Team "A" and Team "B."

(2) PI will inform them of the nature of the application to be carried out.

(3) One wire ladder splint will be issued to each two-man team.

(4) Team member "B" will make the first application.

(5) AI will draw a mark with pencil on the left forearm of team member "A" so as to designate the fracture site.

- 13) Application. Student members "A" will immediately pad splint and proceed with the application. AI will check each step in the

procedure and assist student as required.

Student member "A" will then make the same application. AI will check application using check list.

- 14) Demonstrate: Talk-through application; wire fabric splint to an open fracture of the left arm to conclude life saving steps, similarity to wire ladder, measuring and bending the splint, cupping the splint, padding the splint (2 methods).

- NOTE: (1) Students will remain in the same group in two-man teams which were designated as team "A" and "B."
- (2) One wire fabric splint will be issued to each two-man team.
  - (3) PI will describe nature of application to be carried out.
  - (4) Team member "A" will make the first application.
  - (5) AIs will mark with pencil the open fracture site on each casualties forearm.

- a) Demonstration: Apply a dressing and bandage to an open fracture of the left forearm, and perform life saving steps.

- 15) Application: Student members "A" apply dressing and bandage.
- 16) Demonstration: Measure and bend splint.
- 17) Application: Student "A" members measure and bend splint to fit limb.
- 18) Demonstration. Cup splint.

- 19) Demonstrate two methods of padding splint.
- 20) Application: Student "A" pads splint using roller bandage forming a cradle.
- 21) Demonstration: Remainder of application will be demonstrated before stopping to allow the acting aidman to carry it out.

NOTE: AI will inform trainee that they will now proceed to complete the application, he will check them after each step has been completed, and assist as required.

- 22) Application.
  - a) Student member "B" will make the same application.
  - b) AI check completed application using check list.
- 23) Summary (3 min).

(c) Period 3. (3 hrs): Field Techniques for Immobilization:

Upper Extremities: Arm and Elbow (LP 304-20-3-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-D-3 (Time - 55:04).

Per Two (2) trainees:

One (1) splint wire ladder 3½ x 31"

One (1) wire fabric splint 5½ x 36"

Two (2) Dressing, first aid, field 4" x 7"

Ten (10) Bandages, muslin, 37" x 37" x 52"

Two (2) Bandages, roller, cotton elastic, 3"

One (1) Checklist, basswood, wire ladder, wire  
fabric and anatomical splint.

Per each assistant instructor:

Two (2) ea pencils, wax.

If TV is not available:

One (1) Vu-graph projector

Vu-graph D-3-1 through D-3-4

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-23; FM 8-50

5 Training Objectives:

The trainee:

- a Knows that the upper extremities consist of collarbones, shoulder blades, and bones of the upper arm, forearm, wrist and hand.
- b Knows the skeletal structure of the upper arm and elbow and with the approximate location of the major veins and arteries and nerves with reference to these bones and the skin surface;
- c Knows the common signs and symptoms which would lead an aidman to suspect a fracture in case of:
  - (a) an open wound of the upper arm and elbow;
  - (b) a casualty with a closed fracture of the upper arm or elbow.
- d Immobilizes suspected fractures of the upper arm using basswood, wire ladder, improvised, or anatomical splinting with supporting arm sling secured to the chest wall;
- e Immobilizes suspected fractures of the elbow region using basswood, unbent wire ladder, or improvised splint when elbow can not be bent;
- f Applies splints for suspected fractures of the upper arm and elbow region by proceeding, in the order listed, through the six general steps:
  - 1) dresses open wounds;
  - 2) pads splints;



- 3) Applies splints to injured area, avoiding open wounds and placing forearm and hand in position of function;
- 4) Secures splints in place, following the rules for location of the securing ties;
- 5) Protects and supports splinted part by applying an arm sling and securing upper arm to chest wall; or by securing to the body;
- 6) Checks application to insure that it does not restrict circulation and that joints both above and below the fracture are immobilized.

g Selects or prepares improvised splints for the upper arm or elbow region which are of acceptable length, width and weight.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: 145 minutes is allocated to explanation, demonstration and application; a 10 minute break is taken at the end of each 50 minutes of instruction.

a Introduction (2 min)

Cover scope, reason, and importance.

\*HumRRO-MTC produced.

b Explanation, demonstration and application. (148 min)

1) Structure, signs, and immobilization materials.

a) Explain structure of the upper extremities.

NOTE: Show Vu-graph D-3-1 and D-3-2, structure of the upper extremities.

NOTE: Show 1st overlay (major arteries and veins).

b) Point out the major arteries and veins  
and explain their general location in relation  
to the bones of the shoulder, upper arm,  
elbow, and skin surface.

NOTE: Show overlay #2 (nerves).

c) Point out major nerves in relation to the  
bones of the arm.

NOTE: Show Vu-graph D-3-2 (upper arm only exposed).

d) Explain in more detail relationship of bones,  
veins, arteries and nerves to collarbone,  
shoulder blade, upper arm and elbow.

e) Explain signs and symptoms of fractures  
of the arm and elbow for closed fracture  
and open fracture.

NOTE: Show Vu-graph D-3-3 (closed fracture). Review the sight, touch and  
question examination technique.

f) Immobilization Material. Demonstrate and  
explain the wire ladder splint, wire fabric  
splint and anatomical splint.

2) Wire Fabric Splint.

NOTE: With trainees remaining seated, PI will designate, on the basis of the seating arrangement, every other trainee as aidman during the forth coming talk-through demonstrations. The remaining trainees will serve as the casualty. Both Aidman and Casualty should remain seated during the talk-through demonstration and be visually oriented to the TV set or demonstration. Supplies for the application are distributed. Each AI is assigned to a group of 12-14 trainees to supervise and correct. Trainees are paired and members of each pair designated "A" or "B". The PI instructs the trainees on procedure during the forthcoming talk-through demonstration, telling them the nature of the application which will be carried out. PI will also indicate that after each step is demonstrated there will be an interruption in the video program (or demonstration) to enable the acting Aidman to carry out the step. Applications will be made only during these interruptions.

NOTE: Talk-through demonstration of application of wire fabric splint to fracture of the right elbow. During this demonstration Team Members "B" will make the first application along with the demonstrator. Video or demonstration will stop to allow the student to complete each successive application. The AI will check each step as it is applied before instruction continues.

- a) Step One. Demonstrate and explain for open wound of the right elbow, the sight, touch and question examination technique, application of a pressure dressing and bandage in the position in which the arm was found.

- b) 1st Application: Have student apply pressure dressing and bandage to the back of right elbow without bending the arm.
- c) Step two. Demonstrate and explain measuring, bending, and cupping the splint on the uninjured limb.
- d) 2nd Application: Have student: Measure and form quarter cylinder to fit uninjured limb.
- e) Step 3. Demonstrate and explain padding the splint.
- f) 3rd Application. Have student: Apply padding to splint using roller bandage.
- g) Step 4. Demonstrate and explain securing splint to injured limb (1st, 2nd, and 3rd bindings).
- h) 4th Application. Have students: Apply the three bindings.
- i) Apply fourth and fifth binding from the middle of the forearm across the body and tie at the waist in line below nipple.  
(This will bring the arm into the body slightly so that the hand is in the region of the groin).
- j) 5th Application. Have student: apply the fourth and fifth bindings.

NOTE: AIs check completed application using the check list.

k) 6th application.

- 1) Team member "A" will now make the same 5 step applications.
- 2) AI will check each step and the completed application. Using the checklist.
- 3) Team "B" will make the same 5 step applications.
- 4) The AI will check each step in the application and check the completed application.

3) Wire ladder splint for closed fracture.

NOTE: Talk-through application of wire ladder splint for fracture (closed) of the left elbow using sight, touch, question examination technique and appropriate immobilization.

NOTE: Students will remain in the same groups in the two-man teams which were designated as Team Member "A" and Team Member "B." PI will inform them of the nature of the application to be carried out. Issue one wire ladder splint to each two-man team at this time. Team member "A" will make the first application during this demonstration.

- a) Step 1 Demonstration and Explanation.  
Measuring and bending the splint to fit the limb.
- b) 1st Application: Have student measure splint and bend back the portion which extends behind the shoulder.

c) 2nd Demonstration and Explanation:

Bend the splint, replace splint on the uninjured limb with the pronged end level with the shoulder and the smooth end towards the fingers, along the back of the arm extending towards the fingers. Locate the portion of the splint which is directly over the elbow, remove splint from the limb and bend splint at this point completely by exerting additional pressure at the folded portion. Grasp both ends of splint and open splint to the approximate angle of the injured limb leaving a cupped portion in the region which will be placed at the elbow. This is done so that no pressure will be created on the bony portion of the elbow.

d) 2nd Application. Have student: Bend splint.

e) 3rd Demonstration and Application.

Pad splint. Using clothing or other material.

f) 4th Demonstration and Application, 1st four bindings only. Secure splint to limb.

g) 4th Application. Have students: Apply the first four bindings.

h) 5th Demonstration and Explanation.

Apply two securing bindings.

i) 5th Application. Have students:

Apply the two securing bindings.

j) 6th Application:

1) Team members "B" make the same five applications AI will check each step and the completed application.

2) Team member "A" will make the same five applications. AI will check each step and check the completed application.

4 Wire ladder splint for open fracture of upper arm.

NOTE: Talk-through application; wire ladder splint for an open fracture of the upper arm.

NOTE: (1) Students will remain designated as team members "A" and "B" and will be working with the same groups to which they were assigned in the previous period.

(2) PI will inform them of the nature of the application to be carried out.

(3) Issue one wire ladder splint to each two-man team, if not already done.

(4) AI will mark the fracture site on each casualty's arm.

(5) Team "B" will make the first application along with demonstrator.

NOTE: The video or demonstration will stop after each step during the application so as to allow Team "B" to complete the application. The AI will check the students as each step in the application is applied.

- a Have student: Apply dressing and bandage to open missile wound of the right arm and use sight, touch, question examining technique.
- b 1st demonstration and explanation. Measuring and bending splint to fit the limb.
- c 1st application. Have student: Measure and bend splint.
- d 2nd explanation and demonstration. Measuring and bending splint.
- e 2nd application. Have student: Bend splint.
- f 3rd explanation and demonstration. Pad splint.
- g 3rd application. Student: Apply.
- h 4th explanation and demonstration. Secure splint. 1st and second bindings only.
- i 4th application. Have student: Apply the first two bindings.
- j 5th explanation and demonstration. Place third and fourth bindings on the forearm.
- k 5th application. Have student: Apply third and fourth bindings.
- l 6th explanation and demonstration. Apply arm sling and apply securing binding.



m 6th application. Have student: Apply arm sling  
and securing binding.

NOTE: AI check completed application using check list.

n 7th application.

Team "A" make the same application. AI check  
each step and completed application using check list.

Team member "B" - make the same application. AI  
check each step and completed application using  
check list.

5 Wire ladder splint for closed fracture of upper arm.

NOTE: Talk-through application: Wire fabric, splint, closed fracture  
of the right upper arm.

NOTE: (1) Students will remain designated as team members "A" and "B"  
and will be working with the same groups which they were  
assigned to in the previous period.

(2) PI will inform them of the nature of the application to be  
carried out.

(3) Issue one wire fabric splint to each two-man team, if not  
already done.

(4) AI will mark the region of the fracture on each casualty's arm.

(5) Team "A" will make the first application along with the  
demonstrator. The instruction will stop after each step in  
the application to allow team member "A" to complete the  
application. The AI will check the students as each step is  
completed.

- a Explain similarities to and differences from wire ladder splint use.
- b 1st explanation and demonstration. Measuring, bending and cupping the splint.
- c 1st application. Have students: Measure and bend splint.
- d 2nd explanation and demonstration. Measure and bend the splint.
- e 2nd application. Have students: Measure and bend splint.
- f 3rd explanation and demonstration. Cup the splint and check on uninjured limb.
- g 3rd application. Have students: Cup splint and check on uninjured limb.
- h 4th explanation and demonstration. Pad splint w/roller bandage.
- i 4th application. Have students: Pad splint using roller bandage.
- j 5th application.
  - 1) Team members "B" will make the same application.
  - 2) The AI will check each step and the completed application using the check list.

6 Anatomical splint for an open fracture of arm.

NOTE: Talk-through application of the anatomical splint for an open fracture of the left arm.

NOTE: (1) Students will remain in same A and B team groups.

- (2) Issue four triangular bandages to each two-man team, if not already done.
- (3) PI informs trainees of application to be carried out.
- (4) Team "B" will make the first application along with the demonstrator. The instruction will stop after each step in the application to allow team member "B" to complete the application. The AI will check the students as each step is completed.

- a Explain the nature of the patient's fracture and condition.
- b Have student: Apply dressing and bandage.
- c 1st demonstration and explanation: Immobilizing the fracture.
- d 1st Application. Have student: Place triangular bandage in position and place injured limb in position of function.
- e 2nd Demonstration and Explanation.  
Securing limb to the body. 1st and 2nd bindings only.
- f 2nd Application. Have student: Apply the first two bindings.
- g 3rd application. Have students complete sling as for all slings for fractures. Complete arm sling in the same manner as all the other arm slings you have applied.

NOTE: AI check completed application using check list.

h 4th Application.

- 1) Team member "A" make the same application.
- 2) AI will check each step in the application and the completed application using the check list.
- 3) Team member "B" will make the same application.
- 4) AI will check each step and the completed application using the check list.

- (d) Period 4. (1 hr) Immobilization of Fractures of the Upper Extremities (Clavicle) (LP 304-20-4-H).

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment Requirement:

TV Tape \*H-MTC 1-D-4 (Time - 16:30)

Per two (2) trainees:

One (1) Dressing, first aid, field, 4 by 7 (small)

Five (5) Bandages, Muslin, 37" x 37" x 52"

One (1) Checklist, Anatomical Splint for

Fractured Clavicle, per instructor.

When TV not available:

One (1) Vu-graph projector.

Vu-graphs D-4-1 thru D-4-4.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives:

The trainee will:

a Know that the upper extremities consist of

collarbones, shoulder blades, and bones of the

upper arm, forearm, wrist and hand;

b Know the skeletal structure of the shoulder girdle

and with the approximate location of the major

veins and arteries lying close to these bones;

\*HumRRO-MTC produced.

- c Know the common signs and symptoms which would lead an aidman to suspect a fracture in case of:
  - (a) an open wound of the shoulder area; (b) a casualty with a closed fracture of the clavicle.
- d Immobilize suspected fractures of the clavicle using a T-board splint or a figure of eight bandage with a supporting arm sling.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

NOTE: 46 minutes is allocated to Explanation, Demonstration and Application.

b Explanation (18 min).

1) Structure of the upper extremities.

NOTE: Show Vu-graph D-4-1, explain briefly and point out the following:

- a) Bones of the shoulder girdle: Collarbone, shoulder blade.
- b) Bones of the arm.
- c) Bones of the forearm.
- d) Bones of the wrist and hand.

NOTE: Show Overlay #1 - point out the following:

- e) Major arteries and veins in relation to the bones of the upper extremities.

NOTE: Show Vu-graph #2 - Nerves.

- f) Point out major nerves in relation to the bones of the upper extremities.

NOTE: Show Vu-graph D-4-2 leaving the shoulder girdle only exposed.

- g) Point out:

- 1) Collarbone (Clavicle)--Forms front part of shoulder girdle.
- 2) Shoulderblade (Scapula)--Forms back part of shoulder girdle.

NOTE: Show overlay #1 - Arteries and veins.

- h) Point out the major arteries and veins in relation to bones of the shoulder.

NOTE: Show Overlay #2.

- i) Point out major nerves in relation to bones of the shoulder.
- 2) Signs and symptoms of fractures of the collarbone.
  - a) Closed fractures.

NOTE: Show Vu-graph (D-4-3) - Closed fracture of the collarbone, review following:

- 1) Sight
- 2) Touch
- 3) Question Examination.
- b) Open fractures. Discuss signs and symptoms.

NOTE: Show Vu-graph (D-4-4) - Open fracture.

- 3) Immobilization material.
  - a) Sling.
  - b) Bindings.

c Demonstration (13 min)

Talk-through application of the anatomical  
splint for a fracture of the collarbone.

- NOTE:
1. PI will form the trainees into teams of two men each and designate them as team members "A" and team members "B."
  2. PI will inform trainees of nature of application to be carried out.
  3. Issue three triangular bandages to each two-man team.
  4. Team member "A" will make the first application along with the demonstrator. The demonstration will stop after each step in the application so as to allow team member "A" to complete his application. The group PI will check each step in the application before the demonstration will continue.
    - 1) Show an open missile wound near the collarbone.
    - 2) Have students apply dressing and bandage to wound.
    - 3) Demonstrate: Lay arm sling in position.
    - 4) Demonstrate: Assist the patient in moving his limb in position of function.
    - 5) Have students lay sling in position and assist patient in putting his limb in the position of function.
    - 6) Demonstrate: Apply sling.
    - 7) Have student apply sling.
    - 8) AI check completed application using checklist.



d Application (15 min)

- 1) Team member "B" will now make the same application.
- 2) AI will check each step in the application and the completed application, using the checklist.
- 3) Team "A" will make the application.
- 4) AI check each step and the completed application.

e Summary (2 min).

(e) Period 5. (3 hrs): Practical Exercise on Immobilization of Upper Extremities (LP 304-20-5)

1 Training Facility Requirements:

Outdoor training area.

2 Instructional Aids and Equipment:

Per three (3) trainees:

Ten (10) Bandages, Muslin 37" x 37" x 52"

Two (2) Dressings, First Aid Field 4" x 7"

Three (3) Bandages, Ctn Elastic Roller 3"

One (1) Splint, wire fabric

One (1) splint, wire ladder 4" x 18"

One (1) checklist for PE Immobilization of Fractures of Upper Extremities.

One (1) Situation statement card for each of the nine (9) situations.

Per twelve (12) trainees:

One (1) Army Splint Set, Telescopic (complete).

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50 and all previous LPs on Immobilization.

5 Training Objectives:

Trainee renders appropriate emergency medical treatment under simulated battlefield conditions where confronted with fractures of the upper extremities, being selective with available equipment.

6 Lesson Outline:

NOTE: Instructional Method: Practical Exercise

a Introduction (2 min)

Cover scope, reason, and importance.

NOTE: 98 minutes is allocated to the practical exercises in the 9 situations.  
a 10-minute break is taken after each 50 minutes of instruction.

NOTE: The PI prepares ahead of classtime sufficient copies of 9 situations to issue 1 copy of each situation to each 3 trainees. These situations will each state briefly (illustrating as applicable) the nature of the wound(s) or symptoms, location(s), condition of the patient and the wound (as for tissue and bleeding if applicable) and will direct the trainee aidman to select the appropriate materials and take the action. Situations will indicate an appropriate combat involvement and portray respectively 1. some swelling and discoloration of the elbow region, 2. a soldier has an open missile wound midway on the back side of the forearm, 3. the patient complains of severe pain in the upper arm and states he cannot move his arm, 4. the patient is supporting his right forearm bent across his waist, 5. a soldier has an open missile wound of the left upper arm midway between the elbow and shoulder; the patient is in severe pain, he states he cannot move his arm and thinks his arm is destroyed, 6. a soldier is supporting his left forearm and you notice immediately that he has an open missile wound of the left forearm on the back portion between the wrist and forearm, 7. a soldier has an open missile wound on the outside portion of his right upper arm; he is lying in a ditch protecting him from small ammo fire, 8. a soldier

walks up to you in great pain, he is supporting his left forearm and there appears to be a deformity in the region of the left shoulder, 9. close to the wrist a soldier has some discoloration and a considerable amount of swelling. The PI will also prepare an AI Checksheet for steps in immobilization of fractures of the upper extremities.

b Practical Exercise

1) Organization of trainees.

- a) Students will be formed into groups of 10-12 men.
- b) One assistant instructor will be assigned to each group.
- c) The group instructor will form his men into four three-man teams, and designate them as team members "A," "B," and "C."

2) Direction to trainees

- a) You will be directed to immobilize a certain portion of the upper extremities, with the equipment which will be available to you. Select the best equipment to accomplish the task.
- b) After the situation is given, one team member will be directed to make the application. After you have completed the application, the group instructor will check your

completed application and discuss any points of difficulty which you may have encountered in making your application.

- c) This is not a test period, so if there are any questions, direct them to the group instructor.

NOTE: Situation card states the situation and graphically portrays the wound.

3) Situation #1:

- a) A soldier walks up to you at the aid station in which you are working, he is holding his left arm straight down to his side and is supporting it against his body. Upon questioning the soldier, he states that he fell from a truck and landed on his elbow. As you examine the patient, you notice there is some swelling and discoloration of the elbow region.
- b) The only equipment you have available to you is the telescopic splint set.
- c) What are your actions?

NOTE: Instructor will wait a few seconds after giving each situation and before designating team members positions so as to allow all members to think out the solution.

- d) For the purpose of the applications, we will be applying today, you will be designated

as follows and rotate positions after each application.

- 1) The "A" member will be the aidman.
- 2) The "B" member will be the patient.
- 3) The "C" member will be the checker.

The checkers functions are to procure a check list from the group instructor and follow the step-by-step procedure of the application made by the aidman. If the aidman should leave out a step, the checker is allowed to prompt aidman as to the step he left out.

e) Students begin application.

NOTE: The desired application is the wire ladder splint for a fracture of the left elbow. Students should be formed as listed below for the first application.

Position Team Member

Exercise	Aidman	Casualty	Checker
1st	A	B	C

f) Summarize and critique the 1st exercise.

- 4) Situation #2 - Open Missile Wound Midway on Backside of the Forearm.

NOTE: The second through ninth exercises are carried out in the same manner as the the first; exercises occurring successively for the entire class, and trainees in each three-man group rotating in assignments for each new situation.

All 9 situations are outlined in the second note following  
paragraph (c) 6 a above.

(f) Period 6. (1 hr): Field Techniques for Immobilization:

Lower Extremities, Hip and Pelvis (LP 304-20-6-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment Requirement:

TV Tape \*H-MTC 1-D-6 (Time - 11:49).

Per five (5) men:

One (1) Blanket

One (1) Litter, rigid

Five (5) Patient securing straps

Six (6) Bandages, Muslin 37" by 37" by 52" padding

Per Assistant Instructor:

One (1) Checklist: Lifting, Securing and Securing  
to Litter a casualty w/fracture hip.

If TV facilities are not available:

One (1) Vu-graph projector

Vu-graphs D-6-1 and D-6-2

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives: Trainee will:

- a Know that the lower extremities consist of the  
pelvis with hip bone, the thigh bone, knee cap, the  
two leg bones, ankle bones, and bones of the foot.



- b Know the skeletal structure of the pelvis and hip socket and the approximate location of the major veins and arteries lying close to these bones;
- c Know the common signs and symptoms which would lead an aidman to suspect a fractured hip or pelvic area;
  - (b) a casualty with a closed fracture of the hip or pelvic area.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-6, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min)

Cover scope, reason, and importance.

NOTE: Explanation, Demonstration and Application are allotted 46 minutes.

b Explanation

- 1) Structure of lower extremities (hip to foot)

NOTE: Show Vu-graph (D-6-1) (Structure lower extremities--hip to foot)

- a) Explain and point out the structure.

NOTE: Show 1st Overlay--(Major arteries and veins).

- b) Point out major arteries and veins and explain their location in relation to the bones of the hip, and pelvis.

NOTE: Show 2nd Overlay (Major nerves)

- c) Point out major nerves in relation to hip, and pelvis.

NOTE: Show Vu-graph D-6-1 leaving pelvis showing.

d) Explain and demonstrate hip or pelvis.

(Each hip bone has (3) three parts that join and form a joint).

- 2) Signs and symptoms of fractures of pelvis or hip. Explain sight, touch and question technique for closed fracture.

NOTE: Show Vu-graph Closed Fracture (D-6-2)

c Demonstration

- 1) Aidman is called to give aid to casualty laying on ground. Upon arrival the aidman notes the casualty holding both hands over hip joint and showing expression of pain on his face. The aidman makes his examination. Using sight technique he sees no hemorrhage or airway complication. He continues examination by touch and question technique. The casualty's description of circumstances and extreme pain in hip region lead aidman to suspect a fracture of the hip or pelvis.
- 2) The aidman summons the help of three men to pick up the casualty.
- 3) (Lifting of Casualty) Aidmen will instruct the three men how to pick up casualty; and the step-by-step procedures for lifting the casualty, placing him on the litter and securing him to the litter.

d Application

- 1) AI will form trainees into groups of 5 and designate one member as casualty and one member as aidman; the remaining members will be designated as helpers.

NOTE: AI will conduct practical application of trainees as time will permit and make corrections when needed, rotating aidmen.

- 2) AI will check each application using checklist.

e Summary (2 min).

- (g) Period 7. (4 hrs): Field Techniques for Immobilization of Lower Extremities (Thigh, knee, and upper leg - Army leg splint) (LP 304-20-7-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-D-7 (Time - 17:56)

Per forty (40) trainees:

Ten (10) litters, rigid.

Ten (10) splints, telescopic.

Ten (10) bar, litter, leg splint, supporting.

Ten (10) footrest and splint, supporting.

Ten (1) strap, leg, traction, cotton webbing, OD.

Sixty (60) bandages, muslin, 37" x 37" x 52."

Ten (10) pieces padding, approx. 2' x 2.'

Thirty (30) patient securing straps.

Per Instructor: Instructor's Checklist LP D-7 from

Army Leg splint.

If TV facilities are not available:

One (1) Vu-graph projector.

Vu-graphs D-7-1 and D-7-2 (w/2 overlays)

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

FM-850.

5 Training Objectives: Trainee:

- a Knows that the lower extremities consist of the pelvis with hip bone, thigh bone, knee cap, the two leg bones, ankle bones, and bones of the feet.
- b Knows the skeletal structure of the thigh, knee, and upper part of the leg and the approximate location of the major veins and arteries with reference to these bones and the skin surface.
- c Knows the common signs and symptoms which would lead an aidman to suspect a fracture of the thigh, knee or upper part of the leg in case of:
  - (a) an open wound; (b) a closed fracture.
- d Immobilizes fractures of the thigh, knee and leg above the boot top by applying the Army leg splint with traction.
- e Under conditions where an Army leg splint is not available, immobilizes fractures of the thigh, knee, or leg above the boot top by means of an improvised splint or anatomical binding.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-7, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

b Explanation (8 min).

Explain:

- 1) Structure of the lower extremities, hip to foot.

NOTE: Show Vu-graph D-7-1 (structure of lower extremities, hip to foot).

2) Structure of lower extremities modified.

NOTE: Show Vu-graph D-7-2.

NOTE: Show 1st overlay. Major arteries and veins.

3) Major arteries and veins.

NOTE: Show 2nd overlay. Major nerves.

4) Major nerves.

NOTE: Remove overlay.

5) Explain that the thigh bone, knee cap and leg bones will be area of concern during this period.

6) Signs and symptoms of fractures of the thigh, knee and lower leg for closed fracture and open fracture.

NOTE: Show Vu-graph (close fracture).

7) Immobilization material.

NOTE: Show telescopic splint set and components and demonstrate and explain that the set has 3 basswood splints, 3 wire ladder splints, 3 telescopic (Thomas half ring) splints, and 18 triangular bandages.

NOTE: The telescopic splint may be found at the Battalion Aid Station, a litter jeep, or ambulance, field type.

c Demonstration of telescopic splint. (Explain, demonstrate and make one application (40 min)).

NOTE: This demonstration should be broken down into steps (convenient to the PI) with each step followed by application. If TV is used coordinations for interruptions of TV must be made ahead of classtime.

APP E, LOs (Cont'd)

- 1) Examining casualty and taking necessary life saving steps.
- 2) Adjusting and testing splint, applying traction strap, laying cravats out before lifting leg.
- 3) Application of splint.
- 4) Securing foot to splint and foot rest.
- 5) Securing litter bar to litter.
- 6) Readjustment of splint or bindings.

d Application (145 min).

NOTE: A 10 minute break is taken at the end of each 50 minutes.

- 1) AI will form trainees into teams of (4) four men each.
- 2) Talk trainees through first application step-by-step.
- 3) Make correction where needed. (Check list.)
- 4) Rotate trainees until each man has completed every position on the team.

e Summary (5 min)

(h) Period 8. (2 hrs): Field Techniques for Immobilization:

Lower Extremities: Thigh, Knee, Leg, with Improvised and Anatomical Splints (LP 304-20-8-H).

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

Video Tape \*H-MTC 1-D-8 (Time - 17:56)

Classroom Instructional Aids for Improvised Splints

(1st hour):

Per Two (2) trainees:

One (1) board 1/2 x 4 "60."

One (1) board 1/2 x 4 "36."

Material for bindings (cravats or roller bandages)

Sufficient padding for boards (rags, etc.)

One (1) Blanket OD

One (1) Checklist 1-D-8-1 Improvised Splint for Thigh.

Instructional Aids for Anatomical Splints (2nd hr):

PI:

One (1) Checklist 1-D-8-1 Anatomical Splint.

Assistant Instructor:

One (1) Checklist per assistant instructor.

Per two (2) trainees:

Two (2) ea blanket, wool, OD

Seven (7) bandages, muslin, 37" x 37" x 52"

One (1) ea dressing, first aid 4" x 7"

One (1) ea dressing, first aid 7" x 8"



3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

FM 8-50.

5 Training Objectives:

Under conditions where an Army leg splint is not available, immobilizes fractures of the thigh, the knee, or leg above boot-top level by means of an improvised splint and an anatomical splint.

6 Lesson Outline:

NOTE: Instructional Method: Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-8, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a First Hour: Improvised splint for lower extremities (thigh)

1) Introduction (1 min).

Cover scope, reason, and importance.

2) Explanation (2 min).

a) Brief review of lower extremities (thigh).

NOTE: Show Vu-graph D-7-1 showing thigh. Explain that this is the area we will be concerned with. Point out the thigh bone.

b) Immobilization material (show and explain).

3) Demonstration (12 min).

Situation: Aidman is called to give aid to a man who has been hit in the leg by a missile. The man has an open wound and part of the bone is visible.

- a) Examine casualty and take necessary life saving steps.
- b) Demonstrate proper procedure for applying splints.

4) Application (33 min).

- a) Form trainees into groups of twos, designating them as Member "A" and Member "B."
- b) Have Member "A" apply improvised splint for a fracture of the thigh to Member "B."
- c) AI will check each application and make corrections where needed--using check list.
- d) Trainees reverse position. "B" member now becomes aidman and applies splint for closed fracture of thigh.
- e) AI checks each application and make corrections where needed--using check list.

5) Summary (2 min).

b Second Hour: Anatomical Splint of Fracture of Thigh

1) Introduction (1 min).

Cover scope, reasons and importance.

2) Demonstration (12 min).

- a) Aidman is called to give aid to a man that has just been hit in the right leg; upon

arrival aidman sees an open fracture to right thigh.

- b) Aidman takes necessary steps to control bleeding by putting dressing on wound. Check the casualty's airway and take other life saving steps.

- c) Immobilize injured limb - anatomical method.

3) Application (35 min).

- a) Form trainees into groups of two as in first hour, designating them "A" and "B" members.
- b) Have "B" make first application, applying anatomical splint for open fracture of thigh.
- c) Check each application, make corrections where needed (using checklist) Annex "D."
- d) Have "A" member be aidman and apply anatomical splint for closed fractures of the thigh. AI check each application making corrections where needed (using checklist).

4) Summary (2 min).

(1) Period 9. (2 hrs): Field Techniques for Immobilization:

Lower Extremities (Lower Leg, Ankle and Foot) (LP 304-21-1-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-D-10 (Time - 17:56).

Per two (2) trainees:

Two (2) wire ladder splints  $3\frac{1}{2}$  x 31 inches.

Two (2) boards  $\frac{1}{2}$  x 4 - 31 inches.

Material for bindings - cravats or roller bandage 3"

Material for padding (rags, class X clothing, blanket)

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives: Trainee will:

a Know that the lower extremities consist of the pelvis with hip bone, thigh bone, knee cap, the two leg bones, ankle bones, and bones of the feet.

b Know the skeletal structure of the leg, ankle and foot and the approximate location of the major veins and arteries with reference to these bones and the skin surface.

c Know the common signs and symptoms which would lead an aidman to suspect a fracture of the lower leg,

ankle, or foot in case of:

1) Open wounds of that area;

2) Closed fractures of leg, ankle or foot.

d Immobilize suspected fractures of the lower leg, ankle or foot by applying wire ladder or improvised splints; or by anatomical splinting.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-D-10, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

NOTE: 95 minutes is allocated to explanation, demonstrations and applications. A 10-minute break is taken at end of first hour.

b Explanation.

Explain and point out as applicable.

1) Structure of lower extremities (thigh to foot).

NOTE: Show Vu-graph D-8-1 (structure of lower extremities, thigh to foot).

2) Structure of lower extremities (modified).

NOTE: Show Vu-graph D-8-2, lower leg, knee and below ankle and foot.

NOTE: Show 1st overlay (major arteries and veins).

NOTE: Show 2nd overlay (major nerves).

3) Explain two bones of lower leg, knee and ankle joints and action of movement, bones of the ankle, bones of the foot, and bones of the toes.

- 4) Signs and symptoms of fractures of lower leg, ankle, or foot.

- a) Closed fracture.

NOTE: Show Vu-graph (closed fracture) D-8-3 and explain sight, touch, and question technique.

- b) Open fracture.

NOTE: Show Vu-graph (open fracture) lower leg and discuss omission of sight, touch and questioning.

- 5) Immobilization material.

- a) Show wire ladder splint and explain.

- b) Show boards for improvised splint and explain.

- c) Show material for anatomical splint and explain.

c Demonstration

- 1) Demonstrate examination of casualty and treatment for:

- a) Casualty is lying on ground hit in the leg with a missile. Missile has made an open wound and fracture. No airway or breathing difficulties. Use wire ladder splint.

d Application

- 1) Form trainees into groups of twos (2), designate as "A" and "B" members.
- 2) Have "A" apply wire ladder for open fracture of lower leg.

- 3) Have "B" apply to "A" wire ladder for closed fracture of lower leg.
- 4) Check each application, make correction where needed (using Checklist).

NOTE: 1. PI will inform them of the nature of the next application to be demonstrated.

2. "A" and "B" teams will be instructed to retain same designations for applications which will follow demonstration.

e Demonstration

Demonstrate and explain examination of casualty and application of improvised splints to lower leg of a casualty hit in the leg by a piece of shell fragment and has an open fracture of the mid portion of lower leg. Pieces of shin bone are showing and bleeding mildly.

f Application

- 1) Have member "A" apply improvised splint to member "B" for closed fracture of lower leg.
- 2) AI check application and make corrections as needed.
- 3) Have member "B" apply improvised splint to member "A" for an open fracture of lower leg.
- 4) AI check each application and make corrections where needed. Use checklist.

NOTE: (1) Following completion of applications, PI will direct return of materials and trainees will return to video viewing positions.

(2) PI will inform them of the nature of the next application to be demonstrated.

(3) "A" and "B" will be instructed to retain same designations for applications which will follow demonstration.

g Demonstration

Demonstrate examination of casualty and application of anatomical splint (lower leg) to a patient sustaining a closed fracture of lower leg.

h Application

- 1) "A" member apply anatomical splint for closed fracture, midway between knee and ankle.
- 2) AI check each application, and make corrections as needed.
- 3) Have "B" apply anatomical splint for open fracture midway between knee and ankle.
- 4) AI check each application and make corrections where needed.
- 5) PI directs return of equipment.

i Summary (3 min).



(j) Period 10. (3 hrs): Field Techniques for Immobilization of Neck, Spine, and Skull (LP 304-21-3-H)\*\*

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-D-12 (Time - 64:43).

Per Assistant Instructor:

One (1) Checklist, Application of Splint to Casualty w/Fractured Neck.

One (1) Checklist, Lifting and Positioning Casualty w/Fractured Neck onto Litter.

Per three (3) trainees:

One (1) Litter.

One (1) Wire Fabric Splint.

Ten (10) Bandage Muslin 37" x 37" x 52".

Four (4) Litter Security Straps.

One (1) Blanket.

If TV is not used:

One (1) Vu-graph projector.

Vu-graph I-1-D-13-(1) w/overlay No. 1.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

\*HumRRO-MTC Produced.

\*\* In the LP Numbering System, LP 304-21-2-H has been dropped.

LP 304-21-3-H combines previous LPs 304-21-3-H and 304-21-4-H.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives: Trainee will:

- a Know the gross skeletal configuration of the skull including the brain case, cheek bones, nasal bones and upper jaw configuration, and the lower jaw.
- b Know the approximate location of the major veins and arteries of the head; location being made with reference to the indicated bony features and the skin surface.
- c Know the common signs and symptoms which would lead an aidman to suspect fractures of the brain case, upper jaw, or lower jaw in case of: (a) open wounds in these areas; (b) closed fractures of these areas.
- d Immobilize a fractured lower jaw by applying a cravat of the jaw.
- e Know the location of the major veins and arteries in the neck with reference to the airway and the vertebral column.
- f Know the structure and function of the spinal cord and the major veins and arteries which lie adjacent to the spine.
- g Know common signs and symptoms which would lead aidman to suspect fractured neck or spine in case of: (a) open wounds in the neck or back areas; (b) closed fractures of the neck or spine.

- h Immobilize fractured neck by means of a collar shaped out of a wire fabric splint or other material.
- i With assistance of one other man, lift and place casualty with immobilized fractured neck on litter.
- j With assistance, turn casualty with fractured spine from stomach (prone) position onto his back.
- k With assistance, prepare litter to support spine and place casualty with fractured spine on litter.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, demonstration, and practical exercise.

NOTE: If TV facilities are available, instructors review TV Tapes \*H-MTC 1-D-12, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min).

Cover scope, reason, and importance.

NOTE: 145 minutes is allocated to explanation, demonstration and application.  
A 10-minute break is taken at the end of each 50 minutes of instruction.

b Explanation.

1) Structure of the spinal column.

NOTE: Show Vu-graph I-1-D-13-(1) Skull to tail-bone.

- a) Explain the function of the spinal column with respect to the head, bones of the chest region and also the upper extremities and the spinal cord.
- b) Explain the function and location of the spinal cord.

- c) Explain why partial or complete paralysis could be the end result, from the injury or break in the spinal cord.
  - d) Point out the upper portion of the spinal column in relation to the air way.
  - e) Point out the two major arteries and the veins running along both sides of the neck.
  - f) Point out the major arteries and veins located to the front of the spinal column running down and branching off to the lower extremities.
- 2) Signs and symptoms of a fracture of the neck with respect to sight, touch and question technique.

c Demonstration: Immobilizing a fractured neck with the neck found in the normal position with wire fabric splint to include lifting the patient onto and securing him to a litter.

d Application: Wire fabric splint for a fractured neck.

NOTE: 1. The PI will form the class into groups of 9-12 men. One AI will be assigned to each group. He will further designate his group into three man teams. A, B, and C teams.

2. Equipment will be issued at this time if not already done so.

1) Directions to instructors.

APP E, LOs (Cont'd)

- a) Team member A will be the aid man. Team member B will be his assistant (#2 man). Team member C will be the patient.
- b) Team "A" will make the first application, after the AI has checked each step and prior to lifting they will get the assistance from two members of another team to act as lifters (#3, #4 men) during movement of the patient to the litter.
- c) After the AI has checked the completed application they will change roles until all three members of the team have made the application.

e Demonstration: Immobilization of a fractured neck with the head turned to one side using padding and bindings to hold the head and neck in place on the litter, to include lifting casualty onto litter and immobilizing head and neck on litter.

f Application:

- NOTE: 1. AIs assume control of groups assigned during previous application.
- 2. Instructs them to retain same "A", "B", "C," team member designation as before.
  - 3. Assigns "B" members of each 3 man-team as Aidman (#1 man) for first application; "C" member as Aidman's Asst (#2 man), and "A" member as casualty.

4. When teams reach point in application requiring movement of the casualty onto litter, they will secure lifters (#2, #4 men) from adjoining team.
5. Application will be carried through to completion (final securing of casualty to litter) in each case.
6. After AI has approved application, members will change roles until all three have completed one application in each of the three roles.

g Explanation: Fractures of the Spine. Explain signs and symptoms of a fractured spine (back) with use of sight, touch, question technique.

h Demonstration: Immobilizing a suspected fracture of the spine to include signs and symptoms of lifting patient, positioning of padding, lowering patient onto litter and securing him to the litter.

i Application: Immobilizing casualty with fracture of spine; casualty found lying on stomach.

- 1) AIs assume control of groups assigned during previous applications.
- 2) Instructs them to retain same "A," "B," or "C," designation as before.
- 3) Assigns "C" member of each 3 man team as aidman (#1 man) for first application, "A" member as aidman's assistant (#2 man), and "B" member as casualty.

4) When teams reach point in application requiring movement of the casualty onto the litter, they will secure lifters (#3, #4 men) from adjoining team.

5) Applications will be carried through to completion (find securing of casualty to litter) in each case

j Demonstration: Immobilization technique treatment of a suspected spine fracture. The patient found lying on his back to include procedure for lifting patient, positioning, padding, lowering and securing patient on litter.

k Application: Immobilizing casualty with fracture of spine; casualty found lying on back.

1) AIs assume control of groups assigned during previous applications.

2) Instructs them to retain same "A," "B," or "C" designation as before.

3) Assigns "A" member of each 3 man team as Aidman (#1 man) for first application, "B" member as Aidman's Assistant (#2 man), and "C" member as casualty.

4) When teams reach point in application requiring movement of the casualty onto the litter, they will secure lifters (#3, #4 men) from adjoining team.

- 5) Applications will be carried through to completion (final securing of casualty to litter) in each case.
- 6) After AI has approved application, members will change roles until all three have completed one application in each of the three roles (Aidman, Aidman's Asst, and Casualty).

1 Summary (3 min).



(k) Period 11. (4 hrs): PE Field Techniques for Immobilization of Lower Extremities (LP 304-21-5-H)

1 Training Facility Requirements:

Outdoor training area.

2 Instructional Aids and Equipment:

Army Leg Splint:

Per five (5) trainees:

One (1) litter, rigid.

One (1) splint, telescopic Army.

One (1) litter-bar, splint.

One (1) foot-rest support, splint.

One (1) traction strap OD.

One (1) dressing, first aid field (7 x 8)

Three (3) patient straps, securing litter.

Eight (8) bandages, muslin 37" x 37" x 52"

One (1) Dressing first aid, small 4 x 7.

NOTE: Per fifth (5th) trainee Issue Checklist, Army leg splint.

One (1) Checklist.

Improvised and Anatomical Splints:

Per three (3) trainees:

One (1) Board 60" long.

One (1) Board 36" long.

Two (2) bandages, muslin, roller 3" wide.

Four (4) bandages, Ctn Elastic Roller 3" (Padsplint).

One (1) dressing, first aid, field, 7 x 8" (medium)

One (1) dressing, first aid, 4 x 7" (small).

One (1) blanket, OD.

One (1) splints, wire ladder.

Eight (8) bandage muslin, 37" x 37" x 52".

One (1) Checklist D-1-11, Improvised, Anatomical  
and wire ladder splint.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives:

Under field conditions, trainees will immobilize fractures of the leg correlating immobilization procedures with life saving procedures--control hemorrhage, prevent shock, paying special attention to the patient's overall welfare and avoiding rough handling. In teams, trainees will apply the Army leg splint. Trainees will apply anatomical leg splint, improvised splint, and the wire fabric splint.

6 Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: A 10-minute break is taken after each 50 minutes of instruction.

a Introduction (2 min).

Cover scope, reason, and importance.

NOTE: The PI forms the students into groups of 10 to 15 and assigns one assistant instructor to each group. Each assistant instructor will move his group immediately to a previously assigned area and begin the class.

b Explanation and Practical Exercise (conducted by the AI) (98 min).

- 1) Briefly review of the the telescopic splint, its uses, components, team organization.
- 2) Practical exercise: Army leg splint.

NOTE to AIS: Form group into five ranks, instruct your group and issue equipment as follows:

- a) For the purpose of this exercise work will be in five-man teams with a job title. First rank, the aidman, number one man; select one Army telescopic leg splint, second rank, number two man, or traction man, secure one traction strap, one foot rest and one litter bar. Third rank, the support man; secure six bindings and some material for padding, Fourth rank, patients; secure one litter, Fifth rank, the checker; secure one checklist.
- b) Situation: A casualty has an improvised splint on his right leg which was applied on the battlefield. After dressing the wound, he has directed you to apply the Army leg splint.

c) Trainee application.

- 1) The AI and the trainee checker will check each step and the completed application, checking for control of hemorrhage, prevention of shock, and attention to the patient's welfare as well as checklist items, covering application of the Army leg splint.
- 2) Personnel will rotate clockwise until all members of the five-man group have an opportunity to act as the Aidman. After this is complete, students will turn in equipment as AI directs.

c Improvised, anatomical and wire fabric splints for lower extremities (97 min).

- 1) Directions to trainees.
  - a) During this period, you will be given the opportunity to practice other methods of immobilizing fractures of the lower extremities
  - b) You will first be given a situation and then formed into three man teams as members A, B, and C. You will keep these designations until the completion of the remaining practical exercises. You will be rotated as directed by the AI.

- c) After the situation has been described to you, the Aidman will move forward and select the equipment required to complete the application.

2) Situation #2.

A soldier has been wounded and you are called on to treat him. You notice that he has an open missile wound of the front portion of the right upper thigh with small bone fragments protruding from the wound. Pain has been relieved and there is no airway complication. Select the material which will in your mind make the sturdiest application. What are your actions?

NOTE TO AIs: Form group into three ranks, instruct your group and proceed as follows:

- a) For the purpose of the remaining applications, you will be lettered as follows: Your letter will remain but your job title will change with each application.
- b) First application. Designate as follows:
  - 1) The first rank will be "A" member who will be the Aidman. Move forward and select your equipment.
  - 2) The second rank will be "B" member who will be the patient. Move forward and select your equipment (one blanket).

- 3) The third rank will be Member "C." Move forward and select one checklist from the AI.

NOTE TO INSTRUCTOR: Students begin application. The desired application is the improvised splint. Check each step and have the checker check as in 1st situation and the completed application then rotate members as follows and complete the second application.

- c) Second application; Assignment of Trainees to Positions.

AIDMAN	PATIENT	CHECKER
C	A	B

- 3) Situation #3. You are assigned as a company Aidman with an airborne unit. Your company has just completed a jump. A soldier has been injured and you are called to give treatment. There are no wounds evident, but the patient complains of severe pain in the region of the left thigh. He also states he heard a bone snap. Pain has been relieved and there are no airway complications. The only equipment you have is your aid kit. No other equipment is available.

- a) First Application: Assignment of Trainee Team. Members position as follows:

AIDMAN	PATIENT	CHECKER
B	C	A

NOTE TO INSTRUCTOR: The desired application is the anatomical splint.

Check each step and have the checker check as in Situations 1 and 2 and the completed application then rotate members as follows and complete the second application.

b) Second Application: Assignment of Trainee Team. Members to positions as follows:

AIDMAN	PATIENT	CHECKER
A	B	C

NOTE: Following assignment trainees proceed with application.

4) Situation #4. You are assigned to a squad engaged in a night patrol in a wooded area. A member of the squad has tripped over a log and calls for a medic. When coming upon the patient, you notice that the patient complains of severe pain at the region of his right ankle just below the boot top. There is some swelling in this region and the patient states he felt something snap in his lower leg. You have your equipment in your aid kit. What are your actions?

a) First Application. Assign positions of trainee team members as follows and proceed with the exercise.

AIDMAN	PATIENT	CHECKER
C	A	B

NOTE TO INSTRUCTOR: The desired application is the wire fabric splint. Check each step and the completed application, then rotate members as follows and complete the second and last application.

- b) Second Application. Assign positions of trainee team members as follows and proceed with the exercise.

AIDMAN	PATIENT	CHECKER
B	C	A

- c) Have students turn in equipment as designated by the PI.

d Summary (3 min).



(4) Securing and Protecting Sterile Dressing (5 hrs)

- (a) Period 1. (2 hrs): Bandages to Secure and Protect Sterile Dressings: Triangular and Cravat Application (LP 304-11-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-G-1 (Time - 20:07)

Per two (2) trainees:

Two (2) dressing, field small, 4" x 7" new.

Two (2) bandage, muslin, 37" x 37" x 52"

Two (2) dressing, field, medium 7½" x 8"

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; FM 8-50.

5 Training Objectives: Trainees will:

- a Know the difference between a triangular and a cravat bandage.
- b Know the primary uses of bandages.
- c Know how to apply the following bandages:  
Cravat of the eye(s), triangular of the shoulder, hand, chest or back, hip or buttocks.

6 Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

\*HumRRO-MTC produced.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-G-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (3 min)

Cover scope, reason, and importance.

NOTE: Explanation, Demonstration and Application are allocated 92 minutes. A 10-minute break is taken at the end of the first 50 minutes.

b Explanation.

1) Brief review of dressing.

2) Types of bandages.

NOTE: Explain that this period will be concerned with the triangular and cravat modification of triangulars.

3) Description of triangular bandage and cravat.

4) Primary uses of bandages.

a) To retain dressings in place over wound.

b) To protect dressings.

c) To provide support.

d) To apply splints.

e) To apply additional pressure for control of hemorrhage.

c Demonstration: (trainees view only) Triangular bandage of head or lower scalp, (4 x 4 dressing or first aid dressing).

d Application:

- 1) "A" member will apply dressing and triangle to open wound of head.
- 2) AI checks application and makes corrections as needed.
- 3) "B" applies to open wound of lower scalp.
- 4) AI checks application and makes corrections as needed.

e Demonstration

Cravat of one eye with dressing.

f Application

- 1) Have "A" member apply dressing and cravat to right eye.
- 2) AI checks application and makes corrections as needed.

g Demonstration

Cravat of both eyes.

h Application

- 1) "A" apply dressing and cravat of both eyes to member "B."
- 2) AI checks application and makes corrections as needed.
- 3) "B" member makes application to "A."
- 4) AI checks application and makes corrections as needed.

i Demonstration

Triangular of shoulder.

j Application

- 1) "A" member apply to "B" member a dressing and triangular of shoulder.
- 2) AI checks application and makes corrections as needed.
- 3) "B" member will make application on member "A."
- 4) AI checks application and makes corrections as needed.

k Demonstration

Triangular of hand.

l Application

- 1) Have member "A" apply dressing and triangular bandage of hand for a perforated wound of right hand.
- 2) AI checks application and makes corrections as needed.
- 3) Change over and have "B" member apply dressing and triangle bandage of hand with penetrating left hand.
- 4) AI checks application, and makes corrections as needed.

m Demonstration

Triangle of chest or back.

n Application

- 1) "A" member apply dressing and triangle to chest using proper size dressing for burn wound.

- 2) AI checks application and makes corrections as needed.
- 3) "B" member apply dressing and triangle to back for burns on the back.
- 4) AI checks application and makes corrections as needed.

o Demonstration

Triangle of hip or buttocks.

p Application

- 1) "A" member apply dressing and triangle of hip to member "B."
- 2) AI checks application and makes corrections as needed.
- 3) "B" member apply dressing and triangle of buttocks to member "A."
- 4) AI checks application and makes corrections as needed.

g Summary (5 min).

- (b) Period 2. (2 hrs): Field Techniques for Securing and Protecting Sterile Dressings: Figure-of-eight and Recurrent Patterns. (LP 304-12-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-G-2 (Time - 15:46).

If TV is not available:

One (1) Vu-graph projector.

Vu-graph C-1.

Per each trainee:

One (1) dressing, first aid, field, camouflaged, sterile, 4" x 7" (new)

One (1) bandage, muslin, camouflaged, 37" x 37" x 52" (new)

Two (2) tongue depressers.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

TM 8-230; TF 8-50.

5 Training Objective:

Trainee will know how to make the following applications using a 2" or 3" elastic bandage:

a Figure-of-eight of forearm.

b Figure-of-eight of hand.

c Recurrent of the stump.

6 Lesson Outline:

NOTE: Instructional Method: Conference, Demonstration and Application.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-G-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction.

Cover scope, reason, and importance (2 min).

NOTE: 93 minutes is allocated for the body of instruction.

NOTE: A 10-minute break to be taken after the first 50 minutes.

b Explanation.

1) Type bandage.

NOTE: Show Vu-graph C-1.

2) Principles of roller bandaging.

c Demonstration.

Figure eight of the right forearm.

d Talk-through Application.

- 1) The PI will talk members "A" through the application, step-by-step using the same procedure as was demonstrated. AI will check each step and the completed application.
- 2) The PI will now talk "B" through the same application using the same procedure as stated in (1) above.

e Application

- 1) The AI will have team member "A" make the same application without a talk-through and check each step and the completed application.

- 2) AI checks application and makes corrections as needed.
- 3) Team member "B" will make the same application.
- 4) AI checks application and makes corrections as needed.

f Demonstration

Figure eight of the right hand.

g Talk-through Application.

- 1) The AI will talk "B" through the application, step-by-step using the same procedure as was demonstrated.
- 2) AI checks application and makes corrections as needed.
- 3) The AI will talk "A" through the same application.
- 4) AI checks application and makes corrections as needed.

h Application

- 1) The AI will have team member "B" make the application to a wound to the back of the right hand.
- 2) AI checks application and makes corrections as needed.
- 3) Team member "A" will make the same application.
- 4) AI checks application and makes corrections as needed

i Demonstration.

The recurrent bandage of the stump.



j Talk-through application.

- 1) The PI will talk "A" through the application, step-by-step, using the same procedure as was demonstrated.
- 2) AI will check each step and the completed application, and make corrections as needed.
- 3) The PI will now talk "B" through the same application.
- 4) AI checks application and makes corrections as needed.

k Application

- 1) Team member "A" will make the same application without a talk through.
- 2) AI checks application and makes corrections as needed.
- 3) Team Member "B" will make the same application.
- 4) AI checks application and makes corrections as needed.

l Summary ( 5 min).

(c) Period 3. (1 hr): Field Techniques for Securing and Protecting Sterile Dressings: Four-tailed Bandages (LP 304-13-H)

1 Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

2 Instructional Aids and Equipment:

TV Tape \*H-MTC 1-G-3 (Time - 6:03).

Per two (2) trainees One (1) roller bandage, gauze, 3"

Two (2) 2" x 2" gauze dressing.

3 Trainee Equipment Requirements:

As specified by Unit SOP.

4 References:

FM 8-50.

5 Training Objectives:

Using the appropriate size gauze roller bandage, trainee applies over dressing a four-tailed bandage of the nose and jaw.

6 Lesson Outline:

NOTE: Instructional Method: Demonstration and P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-G-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

a Introduction (2 min)

Cover scope, reason, and importance.

b Explanation.

- 1) Purpose of the four-tailed bandage of the nose and jaw.

c Demonstration:

Four-tailed bandage of the nose.

d Application.

NOTE: Class will be formed into teams of approximately 20 men, one AI assigned to each team. He will further form two-man teams, one member designated as Team "A" and the other as Team "B."

- 1) Member "A" will make the application.
- 2) The AI will check each step and the completed application.
- 3) After the AI has approved the application, Team member "B" will make the same application.
- 4) AI check each step and completed application and make corrections as needed.

e Demonstration

Four-tailed Bandage of the Jaw.

f Application

- 1) Member "B" will make the application.
- 2) The AI will check each step and the completed application.
- 3) After the AI has approved the application, team member "B" will make the same application.
- 4) AI check each step and completed application and make corrections as needed.

g Summary (3 min).

- d. Application of Basic Techniques to Treatment of Casualties,  
PE and Field Medical Card. (24 hours)

(1) Period 1. (2 hrs): Preparation and Application of the U.S. Field  
Medical Card (DD Form 1380) (LP 306-1-H).

(a) Training Facility Requirements:  
Standard.

(b) Instructional Aids and Equipment:  
Chalkboard, chalk, eraser.

Two (2) copies DD Form 1380 (sample form 8" x 10½")

One (1) copy M306-1-1 and one (1) copy M-306-2-1.

If TV is not used:

One (1) Vu-graph projector

Vu-graphs 301-1 thru 301-7.

(c) Trainee Equipment Requirements:  
As specified by Unit SOP.

(d) References:  
AR 40-400.

(e) Training Objectives:  
Trainee correctly prepares the U.S. Field Medical Card.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and PE.

NOTE: A 10-minute break will be taken at the end of each 50 minute  
period of instruction.

1 Introduction (5 min)

Discuss scope, reason, and importance.

2 Explanation and Demonstration (65 min).

NOTE: Have students fill out one sample copy as shown on Vu-graphs.

NOTE: Show Vu-graphs 301-1 through 301-7 at appropriate times during the class.

a Have students circle the numbers of the nine items the aidman is responsible for.

1) Item #1. NAME: Last, first and middle initial.

2) Item #2. SERVICE NUMBER: Use prefix and complete number.

3) Item #3. GRADE:

4) Item #13. Date and hour tagged.

5) Item #18. Date and hour injured.

NOTE: Explain the relationship between Items 13 and 18.

6) Item #20. Treatment given.

7) Item #21. Tourniquet.

8) Item #22. Morphine.

9) Item #29. The Aidman will place his initials in the far right hand corner of Item #29.

b Explain proper method to be used in completing the remaining items on the Field Medical Card and level of responsibilities for entries.

3 Practical Application (25 min).

a General Plan: Students will be allowed 20 minutes to complete second copy of FMC using M-306-2-1 as the patient.

b At the end of exercise Instructor will devote 5 minutes to correct solution of M-306-2-1.

4 Summary (5 min).

(2) Period 2. (4 hrs): Field Emergency Treatment of Casualties

with Wounds of: Head, Face, or Neck (LP 315-1-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-A (Time - 57:00)

Checklist handouts A-2, scalp wounds; B-2, cranial wounds;

C-2, intracranial injuries; D-2, face wounds; E-2, neckwounds.

Equipment List for Treatment of Scalp Wounds:

(One 1 per class member)

Dressing, first aid, field, 4 x 7 inches

Bandage, muslin, compress - 1 per class member

US Field Medical Card, DD Form 1380

Equipment List for Treatment of Cranial Wounds:

Dressing, first aid, field, 4 x 7 inches

Bandage, muslin, compressed

US Field Medical Card DD Form 1380

Equipment List for Treatment of Intracranial Wounds:

(One 1 per class member):

Dressing, first aid, field, 4 x 7 inches

Bandage, muslin, compressed

US Field Medical Card, DD Form 1380

Equipment List for Treatment for Wounds of the Face:

(One 1 per class member):

Dressing, first aid, field, 4 x 7 inches

Bandage, muslin, compressed.

U.S. field medical card, DD Form 1380

Dextran, 500 cc bottle

Intravenous injection set, disposable

Equipment List for Treatment of Neck Wounds:

(One 1 per class member):

Dressing, first aid, field, 4 x 7 inches

Bandage, muslin, compressed

Airway, Pharyngeal, plastic

Intravenous injection set, disposable

US field medical card, DD form 1380

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives: The trainee:

1 Knows the general order of priority for "sight, touch, question: examination and treatment.

2 Knows the signs and symptoms to look for in determining need for application of each of the six treatment techniques when dealing with wounds of the HEAD/FACE/NECK.

3 Carries out the aidman's six-step examination and treatment procedure, applying the appropriate treatment to casualties with wounds of:

a Head.

b Face.

c Neck.

(f) Lesson Outline:

NOTE: Instructional Method, Demonstration and Application.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 32-10-G, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (5 min).

a Orientation to Emergency Treatment of Casualties.

b Emergency Treatment of Casualties with Wounds of Head, Face, and Neck, Scope of Period, Reason and Importance.

NOTE: 190 minutes of class time are allotted to instruction; there is to be a 10-minute break following each 50 minutes of instruction.

2 Explanation and Demonstration: Treatment of Casualties with Wounds of the Scalp.

3 Student application: Treatment of Casualties with Wounds of Scalp.

a PI forms class into groups of 16 to 20 trainees each and assigns an AI to each group;

b Group AIs form their 16 to 20 men into teams of three men each and number of members of each team as #1, #2, #3 men, telling men to remember their number designation as same number will be used to assign job positions throughout the entire period of instruction;



- c Group AIs assign positions for the first application as follows:

  - (a) #1 man: Aidman
  - (b) #2 man: Checker
  - (c) #3 man: Casualty.
- d Group AIs instruct Aidman to come forward and pick up one Field Medical Bag which the team will keep with them throughout the period and will contain the necessary dressings, bandages, FMCs, and other supplies required for the entire period on wounds of the head, face, and neck.

(Note: If Field Medical Bag is not available for use, substitute a paper bag, cardboard box, or other container for use by each team.)
- e Group AI instructs Checker to pick up Scalp Wound Checklist (See Annex A-2).
- f Group AIs supervise and check Aidman's performance during application following Checklist; upon approved completion of treatment (including items on FMC), Group AIs rotate assignments to allow the casualty to become the Aidman and the Checker becomes the casualty. Same application is repeated.
- g Following the second application, Group AIs return trainees to control of PI for next wound demonstration.
- 4 Explanation and Demonstration: Treatment of Casualties with Cranial Wounds.

NOTE: Procedure same as in para 2, wounds of scalp.

5 Student Application: Treatment of Casualties  
with Cranial Wounds.

a Trainees remain in previously assigned teams  
and retain same team member number.

b Procedure same as in "wounds of the scalp."

6 Explanation and Demonstration: Treatment of  
Casualties with Intracranial Injuries.

NOTE: Procedure same as in preceding sequences.

7 Student Application: Treatment of Casualties with  
Intracranial Wounds.

a Trainees remain in previously assigned teams  
and retain same team member numbers.

b Procedure same as in preceding sequences.

8 Explanation and Demonstration: Treatment of Casualties  
with Wounds of the Face.

NOTE: Procedure same as in previous wound demonstrations.

9 Student Application: Treatment of Casualties with  
Wounds of the Face.

NOTE: Procedures same as in preceding sequences.

10 Explanation and Demonstration: Treatment of Casualties  
with Wounds of the Neck.

NOTE: Procedure same as in previous wound demonstrations.

11 Student Application: Treatment of Casualties with  
Wounds of Neck.

NOTE: Procedure same as in preceding sequences.

12 Summary (5 min)

(3) Period 3. (4 hrs): Treatment of Wounds of Upper Extremities  
(LP 315-2-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-B (Time - 17:02)

(Per Trainee:)

One (1) dressing, first aid, field, 4 x 7 inches

Three (3) bandage, muslin, 37 x 37 x 52 inches

One (1) US Field Medical Card, DD form 1380

One (1) Pencil, lead

One (1) Dressing, first aid, 7½ x 8 inches

One (1) Aid Kit (field) per two (2) trainees

Checker's list for treatment of wounds of the upper  
extremities: One (1) for every three (3) class members.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives: Trainee:

1 Knows the general order of priority for "sight, touch,  
question" examination and treatment action.

2 Knows the signs and symptoms to look for in determining  
need for application of each of the six treatment  
techniques when dealing with casualties with wounds  
of the UPPER EXTREMITIES..

- 3 Carries out the aidman's six step examination and treatment procedure, applying the appropriate treatment actions to casualties with wounds of:
  - a Upper arm.
  - b Forearm.
  - c Shoulder.
  - d Multiple wound involving head/face/neck area and upper extremities.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-B, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: 190 minutes of class time are allotted to instruction; there is to be a 10-minute break following each 50 minutes of instruction.

- 1 Introduction (5 min).

Cover scope, reason, and importance.
- 2 Demonstration, treatment of a wound of the upper arm.
  - a Show a soldier holding his upper arm with a large wound which is bleeding profusely.
  - b Using the six step treatment and the sight, touch, question for each step, demonstrate the proper treatment for such a wound.
- 3 Summary

Review what was seen in the foregoing demonstration.

4 Application

a Exercise #1.

- 1) Instructor will form the class into 3-man teams. Each team will consist of:  
Trainee A as the Aidman; Trainee B as the Checker; and Trainee C as the Casualty.
- 2) The instructor will read to the class the stipulated situation.
- 3) Using the skin marking pencil, the AI will mark the location of the wound on the trainees designated as the Casualty (Trainees C).
- 4) The instructor will give the command to begin the treatment.
- 5) The designated Aidman (Trainees A), using the equipment from the medical supply set carried by all class members, will proceed to make the proper treatment.
- 6) The designated Checker (Trainees B) will use the Checker's Check List (Annex C) to check off the procedures as performed by the Aidman. If the Aidman should get out of the proper procedure sequence, the Checker will stop the Aidman and inform him as to the proper sequence.
- 7) The instructor and the AI will circulate among the teams making on-the-spot corrections and answering questions.

b Exercise #2.

- 1) Instructor will rotate the team members as follows:

Trainee B will be the Aidman.

Trainee C will be the Checker.

Trainee A will be the Casualty.

- 2) The same actions will be taken for the remainder of Exercise 2 and all of Exercise 3, as was taken for Exercise 1.

5 Summary (5 min).

(4) Period 4. (4 hrs): Wounds of the Chest and Upper Back (LP 315-3-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-C (Time - 12:15)

(Per trainee:)

One (1) Dressing, first aid, field, 4 x 7 inches.

One (1) adhesive tape, surgical, 3" x 5 yds, spool.

One (1) US Field Medical Card, DD Form 1380.

One (1) pencil, lead.

One (1) Handout (Checker's Checklist - Annex C)

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives:

- 1 Knows the general order of priority for "sight, touch, question" examination and treatment action.
- 2 Knows the signs and symptoms to look for in determining need for application of each of the six treatment techniques when dealing with casualties with wounds of the chest and upper back.
- 3 Carries out the aidman's six step examination and treatment procedure, applying the appropriate treatment actions to casualties with wounds of:
  - a Chest:
    - 1) Sucking chest wound, penetrating.
    - 2) Perforated wound of the chest.

b Spine.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 07-10-C, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: 192 minutes have been allotted for instruction.

NOTE: There is to be a 10-minute break at the end of each 50 minute period of instruction.

1 Introduction - explain the scope of the class (3 min).

2 Treatment of a wound of the chest or upper back.

a Using the six-step treatment and the sight, touch, question for each step we will demonstrate the proper treatment for such a wound.

b Review - brief summary of the treatment presented.

3 Application

a .Exercise #1: Sucking chest wound.

1) Instructor will form the class into 3-man teams.

Each team will consist of:

Trainees A as the Aidman.

Trainees B as the Checker.

Trainees C as the Casualty.

2) The instructor will read to the class the specified situation.

3) Using the skin marking pencil, the AI will mark the location of the wound on the designated casualties (Trainees C).



- 4) The Instructor will give the command to begin the treatment.
- 5) The designated Aidmen (Trainees A), using the equipment from the medical supply set carried by all trainees will proceed to make the proper treatment.
- 6) The designated Checkers (Trainees B) will use the Checkers (Trainees B) will use the Checkers Checklist (Annex C) to check off the procedures as performed by the Aidman. If the Aidman should get out of the proper sequence, the Checker will stop the Aidman and inform him as to the proper treatment sequence.
- 7) The Instructor and AI will circulate among the teams making on-the-spot corrections and answering questions.

b Exercise #2: Penetrating wound of the right upper back.

NOTE: Trainees will be rotated on teams as follows:

Trainees B will be the Aidman.

Trainees C will be the Checker.

Trainees A will be the Casualty.

c Summary (5 min).

(5) Period 5. (2 hrs): Wounds of Abdomen and Buttocks

(LP 315-4-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-D (Time 43:40)

One (1) Dressing, first aid, 4 x 7 in.

One (1) Dressing, first aid, 7½ x 8 in.

One (1) Bandage, muslin, 37 x 37 x 52 in.

One (1) Morphine syrette, simulated, 16 mg.

One (1) Dextran, 500cc bottle.

One (1) Infusion set.

One (1) Field Medical Card, DD Form 1380.

One (1) Pencil, lead.

One (1) Aid kit (field) per two (2) trainees.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives:

Trainee:

- 1 Knows the general order of priority for "sight, touch, question" examination and treatment action.

- 2 Knows the signs and symptoms to look for in determining need for application of each of the six treatment techniques when dealing with casualties with wounds of ABDOMEN and BUTTOCKS.
- 3 Carries out the aidman's six step examination and treatment procedure, applying the appropriate treatment actions to casualties with wounds of:
  - a abdomen
    - 1) Open wound
    - 2) Closed wound, internal hemorrhaging
  - b buttocks.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and PE.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-D, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: 190 minutes have been allotted to class instruction.

NOTE: There is to be a 10-minute break at the end of each 50 minute period of instruction.

1 Introduction (5 min)

Cover scope, reason, and importance.

2 Demonstration - Treatment of an abdominal wound.

- a Show a soldier with a wound of the abdomen about 1 inch in diameter.
- b Using the six step treatment and the sight, touch, question for each step, demonstrate the proper treatment for this wound.

3 Demonstration - Treatment of Massive tissue wound of the buttock - follow same procedure as described for demonstration of abdominal wound.

4 Brief review.

5 Application.

a Exercise #1 - Treatment of abdominal wound.

- 1) Instructor will form the class into 3 man teams. Each team will consist of:
  - Trainees A as Aidman
  - Trainees B as Checker
  - Trainees C as Casualty.
- 2) The instructor will read to the class the stipulated situation.
- 3) Using the skin marking pencil the AI will mark the location of the injury on the Trainees designated as the casualty (Trainees C).
- 4) The instructor will give the command to begin the treatment.
- 5) The designated Aidman (Trainees A), using the equipment from the medical supply set carried by

all trainees, will proceed to make the proper treatment.

- 6) The designated Checker (Trainees B) will use the checker's Checklist (Annex C) to check off the procedures as performed by the Aidman. If the Aidman should get out of sequence, the Checker will stop the Aidman and inform him of the proper sequence.
- 7) The Instructor and AI will circulate among the teams making on spot corrections and answering questions.

b Exercise #2.

NOTE: Instructor will rotate the team members and repeat Exercise #1.

c Exercise #3. Treatment of Massive Tissue Wound of the Buttocks.

NOTE: Instructor will rotate the 3-man teams, as before; exercise will be conducted in the same way as Exercises #1 and #2.

d Exercise #4 -

NOTE: Instructor will rotate the team members as follows and repeat Exercise #3.

6 Summary (5 min).

(6) Period 6. (4 hrs): Wounds of the Lower Extremities

(LP 315-5-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment Requirements:

TV Tape \*H-MTC 2-E (Time - 27:04).

Per trainee:

One (1) Dressing, first aid, field, 4 x 7 in.

One (1) Dressing, first aid, field, 7½ x 8 in.

One (1) Wire fabric splint.

One (1) Bandage, muslin, 37 x 37 x 52 in.

One (1) Dextran, 500 cc bottle.

One (1) Intravenous injection set, disposable.

One (1) Morphine syrette, simulated.

One (1) US Field Medical Card, DD Form 1380.

One (1) Pencil, lead.

One (1) Aid kit (field) per two (2) trainees.

One (1) "Checker's list" per three (3) trainees.

(c) Trainee Equipment Requirements:

As specified by unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives: Trainee:

1 Knows the general order of priority for "sight, touch, question" examination and treatment actions.

2 Knows the signs and symptoms to look for in determining need for application of each of the six treatment techniques when dealing with casualties with wounds of lower extremities.

3 Carries out the aidman's six step examination and treatment procedure, applying the appropriate treatment actions to casualties with wounds of:

a Pelvis.

b Thigh.

c Lower leg/foot.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and PE.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-E, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: 190 minutes have been allotted to class instruction.

NOTE: There is to be a 10-minute break at the end of each 50 minutes of instruction.

1 Introduction (5 min).

Cover scope, reason, and importance.

2 Demonstration treatment of a wound of the leg.

a Show a soldier with a partial amputation of the left leg.

b Using the six step treatment and the sight, touch, question for each step, demonstrate the proper treatment for a wound of this type.

3 Brief review.

4 Application.

a Exercise #1.

- 1) Instructor will form the class into 3-man teams. Each team will consist of:  
Trainee A as the Aidman.  
Trainee B as the Checker.  
Trainee C as the Casualty.
- 2) The instructor will read to the class the stipulated situation.
- 3) Using the skin marking pencil, the AI will mark the location of the wound on the Trainee designated as the Casualty (Trainees C).
- 4) The instructor will give the command to begin the treatment.
- 5) The designated Aidman (Trainees A), using the equipment from the medical supply set carried by all class members, will proceed to make the proper treatment.
- 6) The designated Checker (Trainees C) will use the Checker's Checklist (Annex C) to check off the procedures as performed by the Aidman. If the Aidman should get out of the proper sequence, the Checker will stop the aidman and inform him of the proper sequence.



- 7) The instructor and the AI will circulate among the teams making on-the-spot corrections and answering questions.

b Exercise #2.

NOTE: Instructor will rotate the team members and repeat Exercise #1 substituting a "wound" of the right thigh.

c Exercise #3.

NOTE: Instructor will again rotate the team members.

NOTE: The same actions will be taken for Exercise #3 as were taken for Exercises #1 and #2.

5 Summary (5 min).

(7) Period 7. PE Directed Application of Six Basic Field

Emergency Treatment Techniques (4 hrs) (LP 304-14-H)

(a) Training Facility Requirements:

Tent area or classroom and adjacent outdoor instruction area.

(b) Instructional Aids and Equipment Requirements:

One (1) written test (50 questions on Basic Field  
Emergency Treatment) per trainee.

One-hundred (100) finger cots

Two (2) blanket set, small

Ten (10) grease pencil.

Ten (10) ball point pens

One-hundred (100) First aid dressings (new) small

Forty (40) First aid dressing, new or used

One-hundred (100) First aid dressing, medium

Ten (10) Field Medical Card Books

One-hundred (100) Triangular bandages

Ten (10) Windless adapter, stick 1" x 1" x 6"

Six (6) IV stands (litter)

Six (6) Litter

Twenty (20) Morphine syrette, box.

Ten (10) Benzalkonium Chloride box

Ten (10) bandage, cotton, elastic, 3 in

Ten (10) roller bandage, cotton, gauze, 3 in.

APP E, LOs (Cont'd)

Ten (10) Bandage, cotton, elastic, 2 in

Two (2) dressing, package, 4 x 4

Six (6) Medical Aid Kit, complete

Eighty (80) Situation card (1 per trainee for each  
of 12 situations)

Ten (10) Wire fabric splint

Eighty (80) Check sheet-score cards (1 per trainee  
for 6 stations, each station having 2 situations)

Eighty (80) pencils.

Eighty (80) FSH form 4085

One (1) cotton, box

One (1) padding, ctn

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230; FM 8-50; FM 8-35.

(e) Training Objectives:

Trainees will know the fundamentals of Field Emergency  
Treatment and will apply them in typical Field Emergency  
cases.

(f) Lesson Outline:

NOTE: Instructional Method: Written test, PE, Proficiency Test.

1 Introduction (2 min)

Cover scope, reasons, importance and outline procedures.

2 Written Test (98 min).

a Procedure:

Two instructors at this station; the class lasts two hours, first hour written test; second will be a critique.

b Introduction and Direction to Trainee (Given by PI):

- 1) Exercise is divided into two parts. First hour, written test; second hour, grading of each test while discussing each question, not allowed to talk to each other, 50 minutes to complete the written examination.
- 2) Direction to trainee: (Instructor will read directions for answering the 50 written questions, entering name etc, no discussion; individual work , grade does not count for class grade etc.

c Administer the Test and Collect Papers.

NOTE: The test is locally produced. It will consist of 50 representative fill-in type questions, which will cover knowledge the trainee should have gained from foregoing instruction in Field Emergency Medical Treatment. A typical question would be: "Splints should be measured on the \_\_\_\_\_ limb prior to application"; the fill-in answer being "Uninjured."

BREAK (10 minutes)

SECOND HOUR

d Correction of papers and discussion of answers.

NOTE: Instructors pass out examination sheets to students. Insure that

there is no student who receives his own test.

a) Instruction to trainees.

Each of you have been given a test to grade. I will read the question and call on a student to give me the answer which is on the examination he is grading, after which we will discuss the answer given. You will grade the examination you have in your possession. After correct answer has been determined, mark an X if it is wrong or leave it blank if it is correct.

NOTE: The instructor will proceed as explained in a) above; then collect all test papers and return them to their owners.

NOTE: Instructor rotates his group to the Practical Exercise unless it has already attended that portion of the Period's instruction.

3 Practical Exercises (100 min)

a Procedure.

- 1) Seven instructors are required at this station, one primary, six assistants.
- 2) The class will consist of six separate stations as follows:
  - a) Station #1 - Assisting breathing and heart action.
  - b) Station #2 - Control of hemorrhage.
  - c) Station #3 - Treatment for shock fluids.
  - d) Station #4 - Relief of pain.

- e) Station #5 - Immobilization techniques.
- f) Station #6 - Bandaging (Protection of the wound).

3) The primary instructor will assign one assistant instructor to each station and designate the area in which to set up their equipment. All six stations operate simultaneously during the 50 minute period with trainees rotating each 17 minutes on PIs signal.

b Introduction: (Students are in groups of approximately

40) Given by PI.

1) During the next two hours, you will be given a proficiency test on the Six basic Emergency Medical Field Techniques you have learned thus far.

2) This phase of the exercise consists of six separate stations located to your immediate front. You will be required to perform a procedure at each station in order to complete the exercise.

3) You will be formed into groups of six to eight men. Each group will be directed to one of the six stations. The station instructor will give you a situation which will require you to perform one of the six Emergency Medical Field Techniques. After all members of the group have been scored, the instructor will direct you to the next station.

APP E, LOs (Cont'd)

You will remain with the same group until you have completed this phase of instruction.

NOTE: The instructors will proceed as explained in b) above. After the students have completed each of the six stations, they will pick up their scorecards and have the group moved to the written test area. If the group has already completed the written test, AI will turn the group over to the NCOIC.

c Station #1. Assisting Breathing and Heart Action (17 min).

- 1) Conduct of test. The AI briefs his 6-8 men on procedure at the station and divides them into two-man teams, designating team members as "A" and "B" respectively. He then tests all "A" members simultaneously in the first situation. Then he tests all "B" members simultaneously in another situation. In each test situation, the designated casualty is given a written situation card which also graphically represents the casualty's condition; and a check list scorecard for treatment of that casualty. Before each situation is announced, the AI briefs the casualty-checkers on their role in acting out the signs and symptoms for that situation and tells them that they are to use the checklist - scorecard to assist the AI in grading the aidmen with whom they paired; and that they will display the

situation card to portray the situation to the aidman. Casualty-checkers are instructed not to correct aidmen, but to check their treatment action against the check list - score sheet and be able to fill the AI in on any omissions not observed by the AI.

The AI reads each situation at the start of treatment, clears up any questions, and has casualty-checkers enter names of their aidmen (being tested) on checklist-score cards.

**NOTE:** Each trainee acts as casualty for one situation and aidman for another situation at each station.

2) Situation #1, Station #1.

Near the battlefield you come across an unconscious soldier. You notice a bluish discoloration of his lips and he lies quiet and still. There are no noticeable wounds, but he appears to have vomitted. You believe he has been this way for a few minutes, you are positive that there have been no chemical agents used in the area. Treat him for his most immediate problem.

**NOTE:** After trainee checks neck, pulse and eyes, the instructor tells the aidman that heart beat is present but the patient is not breathing. Both mouth and nose airways are blocked and several attempts to clear the airway have failed. Now what are your actions?



APP E, LOs (Cont'd)

- a) Aidman continues to treat casualty, marking with a wax pencil the area for a cricothyroidotomy incision.
  - b) Grade aidman according to attached checklist in Situation #1.
- 3) Situation #2. Your unit is engaged in crossing a fast-running stream. Suddenly, a heavy-laden soldier slips, and falls under the surface of the water, and begins to drift downstream, fighting to keep his head above water. You finally reach him and are able to pull him up on the bank. He has lost consciousness.

What are your treatment procedures?

NOTE: After the aidman checks neck pulse, pupils and airway, the instructor will state that no heart action is present. What are your actions?

- a) Aidman continues treatment, performing external cardiac compression in combination with mouth-to-mouth artificial respiration.
  - b) Grade aidman according to the attached checklist in Situation #2.
- 4) Summary and Critique
- a) Use checklist to explain ideal solution to Situation #1.
  - b) Answer trainees questions.
  - c) Demonstrate procedure if time permits.
  - d) Use checklist to explain ideal solution to Situation #2.

e) Answer trainees questions.

f) Demonstrate procedure if time permits.

5) Rotate trainees to next station.

d Station #2, Station #3, Station #4, Station #5 and Station #6 are run in a manner similar to Station #1, with two situations at each station.

Station #2 is Control of Hemorrhage.

Station #3 is Treatment of Shock.

Station #4 is Control of Pain.

Station #5 is Immobilization.

Station #6 is Bandaging and Protection of the wound.

5. Field Treatment of Special Types of Casualties and Phase I.

Proficiency Test (16 hrs)

a. Period 1. (3 hrs): Emergency Treatment of Burn Casualties  
(LP 315-6-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 3 (Time - 35:15)

Per two (2) trainees:

Medical instrument and supply set, individual,

(or reasonable facsimile containing the same items).

Dextran, 500 cc bottles

Infusion set, disposable

Sodium chloride - sodium bicarbonate mixture

One checker's checklist (Annex C)

If no TV available:

Vu-graph projector

Vu-graphs 1-3-1 thru 1-3-8

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230; text - Current Diagnosis and Treatment (1965)

(5) Training Objectives:

Trainee will:

- (a) Know the classification of burns by cause (thermal, electric, chemical, radioactive agents).

- (b) Know the classification of burns by degree (first, second, and third).
- (c) Know that the "Rule of Nines" is an easy method for estimating burn damage, is an aid for institution of proper treatment, and is an aid in estimating the patient's chance of survival.
- (d) Know that shock should be one of the first considerations in the treatment of severe burns.
- (e) Know that the skin is usually not broken in a first degree burn.
- (f) Know that burn area should be covered with a dry sterile dressing and that ointment, cold cream or any other medication should not be applied to the burn area (for second and third degree burns).
- (g) Know to exercise extreme caution when treating burns so as to avoid contamination of the burn.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and PE.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There will be a 10 minute break at the end of each 50 minute period instruction.

First Hour:

(a) Introduction

(b) Discussion of burns.

- 1 Treatment facility to which the burn casualty will be evacuated must be alerted as to the correct classification of the burn.

NOTE: Show Vu-graph #1-3-1 and discuss.

- 2 Cause of the burn will determine to a great extent the type and kind of treatment the casualty is to receive.

NOTE: Show Vu-graph #1-3-2 and discuss.

- 3 Classification of burns according to degree.

NOTE: Show Vu-graph #1-3-3 and discuss.

- 4 Use of the Rule of Nines to arrive at the percentage of body surface covered by burns.

NOTE: Show Vu-graph #1-3-4 and discuss.

- 5 Classification of burns as minor, moderate or critical.

NOTE: Show Vu-graph #1-3-5 and discuss.

- 6 Complications of burns: Shock and infection.

NOTE: Show Vu-graph #1-3-6 and discuss.

(c) Summary of the 1st hour.

BREAK (10 minutes)

Second Hour:

(d) Treatment for Burns

- 1 1st Degree Burns.

NOTE: Show Vu-graph #1-3-7 and discuss.

- 2 2nd and 3rd degree burns.

NOTE: Show Vu-graph #1-3-8 and discuss.

3 Discuss treatment of chemical burns.

(e) Demonstration:

Demonstrate treatment for a 2nd degree burn.

(f) Summary of the 2nd hour.

BREAK (10 minutes)

Third Hour

(g) Application

1 The instructor will form the class into 2-man teams.

Each team will consist of:

Trainee A as the Aidman.

Trainee B as the Casualty-Checker.

2 The Aidman will be issued a Surgical Instrument and Supply Set, Individual, or reasonable facsimile.

3 The Casualty-Checker will be issued a casualty card or moulage to indicate the type of wound and also a check list on which to check-off the actions of the aidman.

4 The instructor will read to the class the Casualty Card and indicate the cause, degree, extent, and severity of the burn and also clarify any pertinent points concerning the burn.

5 The instructor will give the command to begin the treatment.

6 The designated Aidman (Trainee A), using the supplies issued him, will proceed to make the proper treatment.

APP E, LOs (Cont'd)

- 7 The designated Casualty-Checker, using the checklist issued him, will check off the treatment actions of the aidman. If the aidman should get out of treatment sequence or fail to make the proper treatment, the Casualty-Checker (Trainee B) will stop the aidman and inform him of the proper treatment.
- 8 The instructor will circulate among the teams making on-the-spot corrections and answering questions.
- 9 When all Aidmen have completed the treatment the instructor will critique the treatment actions and point out right and wrongs generally made by the class.
- 10 Additional situations will be given to class as time permits.
- 11 Each time a new situation is given the Aidman and Casualty-Checker will rotate positions.

b. Period 2. (3 hrs): Treatment of CBN Casualties (LP 315-7-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 1-4 (Time - 26:02)

If TV is not available:

One (1) Vu-graph projector

Locally produced Vu-graphs.

Atropine syrettes - One (1) per trainee

Hand-out "Check List for Treatment of CBN Casualties

(Annex C) - One (1) per trainee.

(3) Trainee Equipment Requirements:

As specified by Unit SOP, and field protective mask with carrier, and Individual Chemical Agent Treatment Kit.

(4) References:

TM - 8-230; TM - 8-285; FM - 21-41

(5) Training Objectives:

Trainee will:

- (a) Know the treatment for irritant and riot control agents.
- (b) Know the treatment for blood agents.
- (c) Know the treatment for white phosphorous burns.
- (d) Know the precautions against biological warfare.
- (e) Know the proper use of the protective mask.

\*HumARO-MTC produced.



(f) Know the use of the atropine syrette.

(g) Know how atropine acts on nerve agents.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, PE

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 1-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There will be a 10 minute break at the end of each 50 minute period of instruction.

(a) Introduction

Cover scope, reason, and importance

NOTE: Show Vu-graphs #1 and #2, and discuss.

(b) Discussion of Chemical Agents.

NOTE: Show Vu-graph #3 and discuss.

1 Chemical agents which affect the skin.

NOTE: Show Vu-graph #4 and discuss.

2 Chemical agents affecting the eyes.

NOTE: Show Vu-graph #5 and discuss.

3 Chemical agents producing internal injuries.

NOTE: Show Vu-graph #6 and discuss.

4 Nerve agents.

NOTE: Show Vu-graph #7 and discuss.

a Signs and symptoms of nerve agent poisoning.

NOTE: Show Vu-graph #8 and discuss.

NOTE: Show Vu-graph #9 and discuss.

NOTE: Show Vu-graph #10 and discuss.

b Treatment of nerve agent poisoning.

NOTE: Show Vu-graph #11 and discuss.

NOTE: Show Vu-graph #12 and discuss.

c Injecting atropine.

NOTE: Show Vu-graph #13 and discuss.

NOTE: Show Vu-graph #14 and discuss.

(c) Demonstration.

Demonstrate the proper steps in the treatment for nerve agent poisoning and blister agent on the skin.

(d) Summary of the 1st period.

(e) Psychogenic agents.

NOTE: Show Vu-graph #15 and discuss.

(f) Biological Warfare.

NOTE: Show Vu-graph #16 and discuss.

(g) Nuclear Warfare.

1 The degree of injury will depend on the amount of radiation received, the length of time over which it is received, and the general condition of the casualty at the time the radiation is received.

NOTE: Show Vu-graph #17 and discuss.

2 Symptoms.

NOTE: Show Vu-graph #18 and discuss.

a Vomiting.

1) Show Vu-graph #19 and discuss.

2) Show Vu-graph #20 and discuss.

3) Show Vu-graph #21 and discuss.

(h) Application (Practical Exercise)

The first thing you must be able to do when you suspect a chemical agent attack on your area is to quickly put on your protective mask. You will not be able to carry out your duties as an Aidman unless you can first prevent becoming a casualty yourself. We will practice putting on the mask, first on ourselves and then on the casualty, until we are proficient. We will time you from the command MASK until the mask is on properly. You must be able to do this in less than 10 seconds. After you have become proficient in putting the mask on yourself, you will practice putting the mask on a simulated casualty.

1 Trainees will be divided into groups and the following equipment checked for completeness:

Carrier, mask, protective - One (1) per trainee.

Mask, protective, field - One (1) per trainee.

Treatment kit, chemical agent, individual -  
One (1) per trainee.

Atropine syrette (simulated) - One (1) per trainee.

2 The mask drill will be conducted as follows:

The class will be told to prepare to put on the protective mask. The mask will be secured in the carrier. The carrier will be slung over the shoulder, and to the left side. The treatment kit will be placed in the pocket of the carrier.

- 3 The instructor will give the command MASK. The trainee will hold his breath, remove their helmet liner (or cap), place it between the knees. Open the flap of the carrier with the left hand. Reach for the mask with the right hand: don the mask; clear it by holding the hand over the outlet and exhale; and replace the helmet liner.
- 4 The instructor will check each trainee for accuracy and completeness of the operation. He then orders the mask returned to its carrier.
- 5 The above procedure is repeated 3 times and each procedure is timed. The total time from the command MASK to proper masking is announced to the class. (The purpose of this drill is to first obtain accuracy and then speed in donning the mask).
- 6 The second part of the drill will be properly masking a casualty. The trainees are divided into 2 man teams. Number 1 man will be aidman and the number 2 man will be the casualty. The casualty will assume the supine position (on his back on the ground). All masks are in the carriers. At the command MASK, the Aidman will remove the casualty's mask from its carrier and place it on the casualty. Instructors will check for accuracy.
- 7 This procedure will be repeated at least 5 times, each time trying to complete the procedure within 10 seconds. The time required to complete the procedure will be announced.

- 8 After completing the casualty masking procedure 5 times, the team members are rotated. The number 1 man becomes the casualty and the number 2 man becomes the Aidman. The masking procedure is repeated 5 times to insure that each trainee is proficient in applying a mask to a casualty.
- 9 After the trainee has become proficient in putting the mask on himself and on a casualty, the two procedures will be combined. The Aidman will first put the mask on himself and then he will mask the casualty. This procedure will be repeated 5 times for each Aidman.
- 10 After completing the protective mask drill, the following procedures will be accomplished:

  - a Exercise #1.

    - 1) Instructor will form class into 3 man teams.

Each team will consist of:

Trainee A as Aidman

Trainee B as Checker

Trainee C as Casualty
    - 2) The instructor will read to the class the following situation: "An artillery round has exploded in the vicinity. A soldier is seen clutching his chest and is having breathing difficulty. The Aidman suspects a nerve agent attack."

- 3) The instructor will give the command to take immediate action.
- 4) The designated Aidman will apply his own mask and proceed to treat the casualty.
- 5) The designated Checker will use the Checker's Check List (Annex C) to check off the procedures as performed by the Aidman. If the Aidman should get out of sequence, the Checker will stop the Aidman and inform him as to the proper sequence.
- 6) The Instructors will circulate among the teams making on-spot corrections and answering questions.

b Exercise #2.

- 1) Instructor will rotate team members as follows:  
Trainee B as the Aidman  
Trainees C as the Checker  
Trainees A as the Casualty
- 2) The instructor will read to the class the following situation: "A mortar round has exploded in the area throwing out an oily liquid. Some of the liquid strikes the sleeve of a soldier. The Aidman suspects a mustard agent attack."
- 3) The instructor will give the command to begin the treatment.

APP E, LOs (Cont'd)

- 4) The designated Aidman (Trainees B) will proceed to treat the casualty.
- 5) The designated Checker will use the Checker's Check List (Annex C) to check off the procedures as performed by the Aidman.  
If the Aidman should get out of sequence the checker will stop him and remind him of the proper treatment sequence.  
(The Instructors will circulate among the teams making on-spot corrections and answering questions.).

c Exercise #3.

- 1) The instructor will rotate the team members as follows:  
Trainees C will be the Aidman  
Trainees A will be the Checker  
Trainees B will be the Casualty.
- 2) Nerve agent attack - follow instructions as in previous exercises.

c. Period 3. (2 hrs): Snake, Animal and Insect Bites and  
Common Emergencies (LP 304-33-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment Requirements:

TV Tape \*H-MTC 1-5-A (Time - 26:44).

Chalkboard, chalk, and eraser.

If TV is not available:

One (1) Vu-graph projector

Vu-graphs 304-33-2 through 304-33-14.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230.

First aid, American National Red Cross.

(5) Training Objectives:

Trainee will know the signs and symptoms of common snake  
and insect bites and the proper treatment of each.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
1-5-A, show it in appropriate sequence, and adjust the remainder  
of the instruction accordingly.

NOTE: A total of 97 minutes is allocated to explanation.



NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

NOTE: Show Vu-graphs 304-33-2 thru 304-33-14 at appropriate times throughout the class period.

(a) Introduction (1 min)

Cover scope, reason, and importance.

(b) Explanation

1 Insect bites.

a Bee and wasp stings.

b Black widow spider bites.

c Brown recluse spider (fatal fiddler) bite.

d Scorpion sting.

2 Animal bites.

a Rabies.

1) Signs and symptoms.

2) Treatment.

b Human bites.

3 Snake bites.

a Snake bites in general.

b Poisonous long-fanged snakes.

1) Pit vipers, types:

a) Rattlesnake.

b) Water moccasin (cotton-mouth)

c) Copperhead.

d) Bushmaster

e) Common European Viper (Kreugatter)

f) Mamushi

c Short-fanged, Neurotoxic Snakes.

1) Coral Snake.

2) Cobra Snake.

3) Signs and symptoms of hemotoxic (Pit viper)  
snake bites.

4) Signs and symptoms of neurotoxic snake bites.

5) Treatment for Snake bites.

(c) Summary (2 min)

d. Period 4. (2 hrs): Heat and Cold Injuries (LP 304-34-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 5-D (Time - 48:06).

If no TV available: TF 8-2524 and TF 8-2762

One (1) projector 16mm

Screen

Chalkboard, chalk, eraser.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230; FM 21-11; TB Med 81

(5) Training Objectives:

Trainee will know causes, symptoms, treatment, and methods of prevention of heat and cold injuries.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 5-D, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: A total of 96 minutes is allocated to explanation.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

\*HumRRQ MTC produced.

(a) Cold Injury.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration

a Trench foot.

b Frostbite.

c General treatment of trench foot and frostbite.

d Training film: TF 8-2524, "Prevention of Cold Injuries."

(b) Heat Injury.

1 Introduction (1 min)

2 Explanation

a Heat cramps.

b Heat exhaustion.

c Heatstroke.

d Sunburn.

e Training film.

(c) Summary (2 min).

e. Period 5. (2 hrs): Combat Exhaustion (LP 304-35-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 7 (Time - 70:26)

If TV unavailable:

PMF 5047 (33 min) (Reel 1)

PMF 5299 (37 min)

One (1) projector (16mm).

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230; TM 8-244; Bulletin of the US Army Medical  
Department Vol. IX, Supplemental Number.

(5) Training Objectives:

Trainee will know signs and symptoms, and basic  
treatment of combat exhaustion.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 7,  
show it in appropriate sequence, and adjust the remainder of the  
instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute period  
of instruction.

NOTE: A total of 92 minutes is allocated to explanation.

(a) Introduction (3 min)

Cover scope, reason, and importance.

(b) Explanation

1 Training Film PMF 5047.

2 Questions from the class.

3 Treatment at the Battalion Aid Station.

4 Training film PMF 5299.

5 Questions from class.

(c) Summary (5 min).

f. Period 6. (4 hrs): Proficiency Test for Phase I, Basic Skills of the Company Aidman (LP 304-36-H).

(1) Training Facility Requirements:

Outdoor training area.

(2) Instructional Aids and Equipment:

Medical Aid Bag (Modified) - 40

Dressing, first aid, field, 11 3/4 x 11 3/4 in - 160

Hypodermic injection tubes (demonstration) 5s - 40

Empty tubs used as dressing containers - 4

An extra tub with the following items to be used for resupply.

Dressings, first aid, small - 160

Dressings, first aid, medium, - 80

Dressings, first aid, large, 11 3/4 x 11 3/4 in - 60

Bandage, muslin, compressed - 160

Adhesive plaster, surgical, 3 in x 5 yds - 40

Handouts:

Checkers Check-list giving written description of signs and symptoms and graphical representation of 4 wounds such as face wound, buttock wound, sucking chest wound and wound of the abdomen, One (1) per sixteen (16) trainees - (5 for each wound) - 40.

Casualty cards - giving treatment action steps with scoring spaces opposite each, at FEBA and Co. Aid Station for each of 8 wounds (See checkers checklist below);  
One (1) for each wound, per trainee - 320.

(3) Trainee Equipment Requirements:

As specified by Unit SOP plus belt/canteen, Medical Aid Bag and Poncho.

(4) References:

TM 8-230.

(5) Training Objectives:

The trainee will develop a higher level of proficiency in the Basic Skills of the Company Aidman and will be tested in them.

(6) Lesson Outline:

NOTE: Instructional method: PE

NOTE: A 10 minute break is taken at the end of each 50 minutes of instruction.

(a) Introduction (5 min).

Cover scope of the period conditions of the test procedures to be followed, and general situation; the situation is as follows:

The general situation is: (1) The trainee is an Aidman assigned to an Infantry Company. (2) The company was just engaged in a surprise attack by the enemy. The company was successful in repelling the attack and the enemy withdrew. (3) The injured soldiers of the company are calling for a medic. (4) Trainees are to examine the casualties; give treatment as necessary; position casualties for evacuation; simulate evacuating them to a company collecting point; give additional treatment (at Co collecting point); and assign them an evacuation priority.



(b) Application (195 min).

1 The class will be organized into 4 equal groups.

Each group will be further divided into 2-man teams. Each 2-man team will consist of:

Trainees A as the Aidman.

Trainees B as the Casualty-Checker.

After the completion of each wound treatment, the team members will be rotated as follows:

Trainees B will be the Aidman.

Trainees A will be the Casualty-Checker.

2 Instructions to Trainees:

a The aidman will make all treatment as realistic and as complete as possible. You will have more than one casualty to treat. Evacuation vehicles will remain in the area for no more than 3 minutes.

b The Casualty-Checker will:

1) Act as the Casualty and also check off the actions of the Aidman using a checklist.

2) Act realistically if the simulated wound indicates pain.

3) If the wound indicates that the casualty may be capable of helping the aidman with the treatment, he is to help.

4) The casualty will also be the Checker, and as the Checker, will note the check

list and compare it with the treatment and treatment sequence of the aidman.

- 5) If the aidman fails to make the proper treatment, the Checker will remind him of the proper treatment and make an X mark in the appropriate block of the Check-list. No marks will be made for correct action.

c Be honest.

d You will be working in two simulated areas:

- 1) The FEBA.
- 2) Company collecting point, temporary landing site for a helicopter.
- 3) At the first location, you would initiate the necessary life-saving treatment, position the casualty, and move on to the next casualty.
- 4) At the second location, you will render additional treatment, position the casualty for evacuation, fill out the Field Medical Card, and assign a priority for evacuation.

e To save space and time, we will simulate the movement of the casualty from the FEBA to the company collecting point.

- 1) When you have completed the treatment at the FEBA the instructor will give you the signal to continue the treatment as though you are now at the company collecting point.

- 2) When you have completed all treatment, the instructors will critique the procedure, rotate you, and start a new procedure.

f All treatment will be made with supplies from your medical aid bag.

3 Instructions to Instructors:

a Divide the group into 2-man teams, 1 Aidman and 1 Casualty-Checker, Number members "A" and "B."

- 1) Arrange teams in a circle or semi-circle with approximately 5 yards interval between teams.

b Instruct the Aidman to procure a medical aid bag.

c Instruct the Casualty-Checker to pick up a casualty card, pencil, and check list.

- 1) Instruct the Casualty-Checker to assume position of injured soldier (look at casualty card).

- 2) Attach the casualty card to himself, the casualty.

d Instruct the Aidman to read the casualty card and begin the treatment. He will not be allowed not more than 5 minutes to complete the treatment.

e Instruct the Casualty-Checker to check off as the Aidman performs.

f Instructors are to continually check on aidmen's actions and the checker's checklist for errors or omissions and make on-the-spot corrections.

- g The medical aid bags should be spot checked for completeness.
- h When treatment at the FEBA is completed, the instructor will halt the procedure and give the approved solution to the treatment actions.
  - 1) The group is told that the casualty has been moved to a collecting point and is waiting for an evacuation vehicle to arrive.
  - 2) The aidman is to continue the treatment until the vehicle arrives (which will be in 5 minutes).
  - 3) The casualty-checker will continue to check off the treatment actions.
- i At the conclusion of the treatment (arrival of evacuation vehicle) the casualty cards and check-lists are collected. Dressings and bandages are removed from the casualty and deposited in the tubs. An "earned score" is written on the bottom of the Check List. These are totaled by name later and used as a score.
- i The team members are rotated, new casualty cards and Check-Lists are issued, and the next procedure is begun.

6. Technical Training: Phase 2 - Basic Skills of the Evacuation Aidman.

a. Lifting and Positioning of the Casualty on the Litter. (5 hours)

(1) Period 1. (1 hr): Positioning of Casualties Prior to and  
During Evacuation (LP 315-11-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-B-1 (Time - 20:00).

Litters, rigid - One (1) per each two (2)

Handouts:

Casualty cards - to be furnished by instructor.

Checklist, Annex C "Positioning of Casualties Prior  
to and During Evacuation" - One (1) per trainee.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives:

Trainees will know the proper techniques for positioning  
casualties prior to and during evacuation.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-B-1,  
show it in appropriate sequence, and adjust the remainder of the  
instruction accordingly.

\*HumRRO-MTC produced.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Discussion

a The five major treatment requirements determining the position in which the casualty is placed.

3 Application

a Class will be divided into 2-man teams, 1 member as the Aidman and the other member as the Casualty-Checker.

b During the first part of the practical exercise the class will be instructed that they are Aidmen and Casualty at the FEBA. It will be assumed that the casualty has been treated and is now being positioned prior to evacuation (while waiting for evacuation vehicle to arrive).

c A casualty card (card depicting the injury), plus a checklist will be given to each Casualty-Checker.

d The Aidman will be instructed to correctly position the casualty and explain to the Casualty-Checker why he is placing him in this particular position.

e The Casualty-Checker will check the appropriate block of the checklist. If the Aidman is incorrect, the Casualty-Checker will correct him but will so indicate on the checklist.

- f The instructors will circulate among the teams noting the errors as checked by the Casualty-Checker and making on-the-spot corrections.
- g After the casualty has been correctly positioned, the team members will be rotated and a new casualty card will be issued to the new Casualty-Checker.
- h During the second part of the exercise, litters will be procured and the class will be instructed that the evacuation vehicle has arrived with a litter and that the casualty will be correctly positioned on the litter for evacuation. The same procedure as above will be followed except the casualty will be placed on litter.

- (2) Period 2. (3 hrs): Lifting and Positioning Casualties  
with Suspected Fractures of the Neck/Spine/Pelvis (LP 315-12-H)

(a) Training Facility Requirements:

Outdoor training area.

(b) Instructional Aids and Equipment:

Per Four (4) Trainees:

One (1) Litter

Two (2) Blankets

Four (4) Litter securing straps.

One (1) copy per three (3) trainees of checklists

as follows: A, A-1, A-2, B-1, B-2, C

Five (5) Bandage, Muslin, 37 x 37 x 52

One (1) Wire fabric splint.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230; FM 8-50.

(e) Training Objectives:

Trainee will:

- 1 Know the common signs and symptoms which would lead an aidman to suspect a fractured pelvis in case of an open wound of the hip or pelvic area.
- 2 Know the common signs and symptoms which would lead an aidman to suspect a fractured neck or spine in case of:



- a Open wounds of the neck or back area.
- b Closed fractures of the neck or spine.
- 3 With assistance, lift and move a casualty with a fractured pelvis onto a litter; position him with appropriate support padding, and secure him to litter ready for transporting.
- 4 With assistance of one other man, lift and place casualty with immobilized fractured neck on litter and secure him to litter ready for transporting.
- 5 With assistance, prepare litter to support spine and place casualty with fractured spine on litter and secure him to litter ready for transporting.

(f) Lesson Outline:

NOTE: Instructional Method: Review and PE.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

NOTE: A total of 148 minutes is allocated to explanations and practical exercises.

- 1 Introduction (2 min).  
Cover scope, reason, and importance.
- 2 Review explanation: Signs and symptoms of fractured pelvis or hip.
- 3 Practical Exercise: Fractured pelvis.

NOTE: (1) PI forms class into three groups of 12 to 15 men each and assigns one AI to each group.

- (2) AI divides his men into four or five teams of three men each.
- (3) AI numbers off the members of each team as "A" member, "B" member, and "C" member and tells them they will keep this letter designation for the remainder of the period.
- (4) AI designates team members as follows for the first application:
  - (a) Team member "A": Aidman.
  - (b) Team member "B": Assistant.
  - (c) Team member "C": Casualty.
- (5) Each team draws the required equipment.

a Situation:

- 1) PI describes the following situation:

Aidman is called to give aid to casualty lying on ground. Upon arrival Aidman notes the casualty holding both hands over hip joint and showing expression of pain on his face. Upon closer examination Aidman sees no evidence of wounds involving external hemorrhage or evidence of airway problems. The patient's description of his fall on the leg and the extreme pain he experiences in his region lead aidman to suspect fractured hip or pelvis. Casualty is showing some early signs of shock and there is a brisk chilly breeze with temperatures in the mid fifties, and it is nearly dark.

- NOTE: (1) PI directs casualties to assume positions on ground; Aidmen are to treat casualties.
- (2) PI informs trainee Aidmen that when they reach the point of lifting the casualty they are to secure the assistance of two men from the adjoining team. As soon as the casualty is placed on the litter, the two borrowed men return to their own positions.
- (3) Group AI supervises, checks and corrects as needed using checklist for Situation #1: Fracture of Hip, Annex A.
- (4) When AI has approved the completed application, he instructs men to remove equipment and redesignates trainee roles as follows:
- (a) Trainee "C" as Aidman.
  - (b) Trainee "A" as Assistant.
  - (c) Trainee "B" as Casualty.
- (5) Group AI directs new Aidman that Casualty situation is the same except that temperature (air) is a pleasant seventy degrees and it is early afternoon. He directs Aidman to proceed with the application.
- (6) After checking completed 2nd application, Group AI again rotates so that Trainee "B" is now the Aidman.
- (7) Informs Aidman that casualty situation is the same except that the air temperature is a hot humid 95 degrees and it is the middle of the morning. He directs Aidman to proceed with the application.

4 Review Explanation: Signs and symptoms of fractured neck.

5 Practical Exercise: Fractured neck.

NOTE: Exercise is conducted in the same manner as in the preceding situation.

6 Review Explanation: Signs and symptoms of a fractured spine.

7 Practical Exercise: Fracture of spine.

NOTE: Exercise conducted in the same manner as in the preceding situation.

8 Equipment returned.

(3) Period 3. (1 hr): Lifting and Positioning Casualties  
in Shock and Coma Positions and Preparing the Litter for  
Transportation (LP 315-13-H)

(a) Training Facility Requirements:

Outdoor Training Area.

(b) Instructional Aids and Equipment:

Per three (3) trainees:

Two (2) blankets

One (1) litter

Four (4) litter securing straps

One (1) wire fabric splint

Two (2) roller bandage, cotton elastic 3"

Two (2) bandages, muslin, 37" x 37" x 52"

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230; FM 8-50.

(e) Training Objectives: Trainee will:

1 With assistance, lift and move a casualty onto the  
litter with the casualty placed into the shock  
position and secured to the litter for transporting.

2 With assistance, lift and move a casualty onto the  
litter with the casualty placed into the coma position  
and secured to the litter for transporting.

(f) Lesson Outline:

NOTE: Instructional Method: Demonstration and P.E.

NOTE: A total of 45 minutes is allocated to Demonstration and Explanation.

1 Introduction.

Cover scope, reason, and importance.

2 Demonstration.

Lifting and positioning for the shock position.

- NOTE: (1) PI forms class into groups of 12-16 men each and assigns one AI to each group.
- (2) PI has each group AI designate four trainees from his group to act as demonstrators taking positions in front of their groups.
- (3) PI talks demonstrators through each step in the procedure while Group AIs observe their demonstrators and assist them as necessary.
- (4) PI informs trainees of procedures to be demonstrated and the fact that after the demonstration they will carry it out.
- (5) PI numbers demonstrators and assigns job positions as follows: (AIs point to each demonstrator as their job is assigned).
- (a) #1 man will act as aidman.
  - (b) #2 man as the first lifter.
  - (c) #3 man as the second lifter.
  - (d) #4 man as the patient.

a Situation.

Given by PI.

b Procedure and talk-through.

NOTE: The demonstrators will complete each step as given by the Instructor.

c Demonstration of the raised litter position.

3 Application: Lifting and positioning for the shock position.

NOTE: (1) Each Group AI will form his group into teams of four men and number them as follows:

- (a) #1 man, Aidman.
- (b) #2 man, 1st lifter.
- (c) #3 man, 2nd lifter.
- (d) #4 man, patient.

- (2) PI informs trainees: We will assume that the #1 man, who is the aidman is the only Medical Soldier and that he has selected two untrained soldiers to help him lift the patient. He will proceed with the application giving directions to the assistants.
- (3) The AI will check each step and the completed application and give assistance as needed.
- (4) After the completed application has been checked, the Group AI will rotate the personnel and proceed with the second application. All personnel will change positions so that the #1 man becomes the patient and the patient becomes the #1 man.
- (5) AI will check each step and the completed application and give assistance as needed.

- (6) After the application, students will again revert to the control of the PI for the second procedure.

4 Demonstration.

Same procedure used as in preceding situation.

a Situation: Given by the PI.

b Procedure and talk-through.

5 Application.

Lifting and positioning for the coma position.

NOTE: Same procedure is followed as in the preceding application.

6 Review or Critique (3 min).



b. Preparation and Use of the Litter: Use of Improvised Litters and Blanket Dressings. (2 hrs) (LP 311-78-H)

(1) Training Facility Requirements:

Outdoor training area.

(2) Instructional Aids and Equipment:

Eight (8) litters

Thirty-five (35) blankets

Sixteen (16) field jackets

Sixteen (16) burlap sacks

Sixteen (16) rigid poles (assorted)

Two (2) bamboos, 4 ft long

Two (2) pipes, 7 ft long

One (1) board 7 x 2 ft

Thirty-two (32) patient securing straps.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 8-35.

(5) Training Objectives:

(a) Trainee will know that, as a general rule, for reasons of safety, upper berths are loaded first.

(b) Trainee will know that the  $\frac{1}{2}$  ton frontline ambulance is capable of transporting three litter patients, or two litter patients and three ambulatory patients.

(c) Trainee will know that the  $\frac{3}{4}$  ton field ambulance has a capacity of eight ambulatory or four litter patients.

(d) Trainee will become proficient in loading and unloading of patients from motor vehicles.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: There is to be a 10 minute break at the end of the first 50 minutes of instruction.

(a) Introduction: (4 min)

Cover scope, reason, and importance.

NOTE: Divide the class into 2 equal groups, at 2 stations, half of the instructors and half of the trainees at each station.

NOTE: Groups interchange at half time.

(b) 1st Station (46 min)

- 1 Instructor demonstrates and explains pole and blanket litters and has trainees practice immediately.
- 2 Same for pole and jacket litter.
- 3 Same for pole and sack litter.
- 4 Same for blanket litter.
- 5 Instructor demonstrates door or board litter.
- 6 Summary.

(c) Second Station (46 minutes)

- 1 The instructor explains and demonstrates the one-blanket litter dressing and has trainees practice the dressing immediately.
- 2 Same for two blanket litter dressing.
- 3 Same for three blanket litter dressing.
- 4 Summary.

c. Review F.E.: Application of the Army Leg Splint (2 hrs)

(LP 315-14-H)

(1) Training Facility Requirements:

Outdoor training area.

(2) Instructional Aids and Equipment:

Per each five (5) trainees:

Two (2) dressings, first aid field, 7" x 8" (medium)

One (1) dressing, first aid field, 4" x 7" (small)

Nine (9) bandages, muslin, 37" x 37" x 52"

One (1) litter, rigid.

One (1) splint, Army leg telescopic

One (1) litter-bar, support, splint

One (1) strap, traction OD

One (1) foot-rest, support splint

Three (3) securing straps.

NOTE: Every fifth trainee will be issued a checklist (application of the telescopic splint).

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 8-50; TM 8-230.

(5) Training Objectives:

The trainee will effectively apply the Army Leg Splint telescopic and immobilize fractures and suspected fractures of the upper bones of the lower extremities as well as fractures and suspected fractures of the lower legs above boot top level.

(6) Lesson Outline:

NOTE: Instructional Method: P.E.

NOTE: There is to be a 10 minute break at the end of each 50 minutes period of instruction.

(a) Introduction (3 min)

Explain purpose of the class.

(b) Practical Exercise (195 min).

1 Instructions to PI.

a PI will form class into groups of 10 to 15 men each.

b PI will assign an AI to each group.

2 Instructions to group AIs.

a Group AI will form his group into five ranks;

instructs men to remember number of their rank as it will be used to assign job positions to them throughout remainder of period. 1st rank are No. 1 men, 2nd - No. 2, 3rd - No. 3, 4th - the Casualty, and 5th the Checker.

b Group AI informs men that they will be working in five man teams; after they have been assigned their job position they are to move forward and pick up equipment as instructed.

(c) AIs will state a situation and supervise the application of the Army Leg Splint, rotating the positions of each team member until all trainees have done all jobs. Both the AI and checker will use the checklist.

d. Determining Evacuation Priority and Need for Evacuation

(4 hrs) (LP 315-15-H)

(1) Training Facility Requirements:

Tent area or classroom.

(2) Instructional Aids and Equipment:

Casualty Cards depicting injury or illness....One (1) set

Field Medical Card books....One (1) per trainee

Pencil.... One (1) per trainee

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM - 8-230.

(5) Training Objectives:

(a) Trainee will know the method of classifying injuries and wounds.

(b) Trainee will know the people priority for evacuation.

(c) Trainee will carry out a drill with "casualty-situation" cards practicing the skills he has learned.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, P.E.

NOTE: There is to be a 10 minute break at the end of each 50 minute of instruction.

NOTE: 195 minutes will be allotted for instructional material itself.

(a) Introduction (2 min)

Cover scope, reason, and importance.

(b) Discussion.

1 Knowledge aidman must have to be able to follow the proper evacuation procedures.

2 Examples of wounds and the priority categories in which they are normally placed.

3 Summary.

(c) Practical Exercise.

1 Each trainee is given a card picturing and giving a description of the injury or illness of the casualty. Each trainee will have a similar card on each repetition.

2 The trainee is told to study the card, trying to visualize just what treatment he would give the casualty.

3 Each trainee is issued a book of Field Medical Cards and a pencil.

4 Trainees are instructed to print the name, grade, SN, etc. of the casualty on the FMC in the appropriate blocks.

5 Trainees will fill out block 14, stating the diagnosis they would give the casualty depicted on the card.

- 6 Trainees will fill out all blocks pertaining to the treatment they would give this casualty.
- 7 In block 27 indicate the mode of transportation requested (ambulance, helicopter, truck, etc.), and the evacuation priority assigned (I, II, III, IV).
- 8 When completed the FMC will be attached to the casualty card and both handed to the instructor.
- 9 If the Instructor notices any errors on the FMC he will have the trainee concerned make the necessary corrections.
- 10 An approved solution will be given after the completion of each casualty card. Instructor will briefly discuss reasons for solution classifications.
- 11 The instructor will then issue the second casualty card and the above procedure is repeated, until some 30 cards have been completed.

NOTE: 1. Primary Instructor Activities

- a. Will be responsible for control of class.
- b. Introduce the subject.
- c. Divide the class into groups and assign the Assistant Instructors.
- d. Rotate among the groups to check on procedures and give assistance to Assistant Instructors as required.

2. Assistant Instructors

- a. Pass out the casualty cards and Field Medical Cards.
- b. Receive the casualty card and the filled out Field Medical Cards from the Trainees, note any errors or incompleteness, if found, return it to Trainee for completeness.

- c. Rotate the casualty cards to the next Trainee.
- d. At close of exercise insure that all casualty cards and FMC books are collected and maintained in good order.  
(They must be used again).



e. PE Preparation of Casualties for Evacuation from the Battlefield. (10 hrs).

(1) Period 1. (4 hrs): Application in Preparation of Casualties for Evacuation from the Battlefield (LP 315-16-H).

(a) Training Facility Requirements:

Outdoor area.

(b) Instructional Aids and Equipment:

Equipment List for Practice Exercise:

Medical Instrument and Supply Set, Individual (Medical Aid Bag) One (1) per Two (2) trainees.

Replenishing supplies for above.

Litter, folding - One (1) per Six (6) trainees.

Checklist for each wound situation - One (1) of each Six (6) trainees.

Casualty Card for each wound situation.

(Card shows graphically a wound and narrates the condition for the wound and the patient) - One (1) of each wound per six (6) trainees.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All previous emergency medical treatment references;  
TM 8-230.

(e) Training Objectives:

The trainee will review and further perfect the skills attained in other phases of training in a mass casualty situation, performing satisfactorily the following:

- 1 The six-step examination and treatment.
- 2 Positioning the casualty prior to and during evacuation.
- 3 Additional treatment required before evacuation.
- 4 Determining who is to be evacuated.
- 5 Determining method of evacuation.
- 6 Assigning priority of evacuation.
- 7 Treating a number of casualties in a short span of time.
- 8 Utilization of less seriously wounded to assist in treating and evacuating the more seriously wounded.
- 9 Lifting and placing casualty on litters.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

- 1 Introduction (5 min).  
Cover scope, reason, importance, and outline of procedural directions.
- 2 Application.

NOTE: Brief the class on the conduct of the exercise and individual duties.

- a The class is divided into teams - about 7 men each.
- b One member of the team will be designated as the Aidman. He procures a Surgical Instrument and Supply Set, Individual Medical Aid Bag.
- c One member will be given a Checker's Check List and will check the actions of the Aidman.
- d The remaining members of the team (about six (6) men) will each be given a casualty card.

e The duties of each member of the team are briefly as follows:

The Company Aidman makes the life saving steps as he proceeds among the casualties of his group. He places the casualty in the best position, makes a quick examination, and continues to the next casualty, if he notes that a casualty is not seriously wounded, he instructs him to apply his own dressing and proceed to assist the Aidman in the treatment of the more seriously wounded. The Aidman will initiate the treatment of the more seriously wounded and instruct the casualties assisting him as to how to continue the treatment while he is treating other casualties. The Aidman continues to make his rounds of the casualties until all casualties are evacuated to the safe area. The Aidman proceeds to the CCP (safe area) and continues the treatment actions. The Aidman will indicate to the Checker the proper procedure for calling for the type of evacuation desired for each casualty. He will indicate the priority for evacuation and the medical facility to which the casualty is to be evacuated. The Aidman will instruct the casualties assisting him as to how to lift and place the more seriously wounded on the litter and how to place him on the evacuation vehicle.

The Checker will check off the actions of the Aidman. The Checker will not correct the Aidman unless it is obvious that the Aidman cannot proceed on his own. The Checker will indicate when the evacuation vehicle is to depart (simulated) with the casualty by telling the casualty to get up and proceed to the starting area.

Casualties should play their role in a realistic manner. If called upon to do so, the casualty should assist the Aidman.

Instructors will form the class into teams of about 7 men each.

Insure that each Aidman procures an Aidbag and checks it for completeness.

Issue casualty cards to casualties.

Issue each Checker a Checker's Check List.

Proceed with the exercise.

f When all casualties have been evacuated (simulated) from the safe area (C C P) back to the starting area, the team members are rotated and the exercise repeated.

g After each procedure, a critique may be conducted.

NOTE: This is a "mass casualty" exercise and it's success depends on the ability of the Aidman to properly utilize his time and material in

the treatment of the more seriously wounded. The Instructor should insure that the Aidmen work rapidly. The Aidmen should make only life saving treatments and move on to the next casualty. If the casualty has a minor wound he should be instructed by the Aidman to apply his own first aid dressing and assist the Aidman in the treatment and evacuation of the more seriously wounded. Battlefield conditions, under sporadic small arms fire simulated should prevail for the entire exercise. This requires constant vigilance on the part of the instructor to see that all will play the game and do not expose themselves unnecessarily to "fire."

(2) Period 2. (2 hrs): Preparation of Casualties for Evacuation from the Battlefield. (Review) (LP 315-17-H).

(a) Training Facility Requirements:

Tent or classroom.

(b) Instructional Aids and Equipment:

Chalkboard, chalk and eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All previous Emergency Medical Treatment references;  
TM 8-230.

(e) Training Objectives:

The trainee will describe the basic skills of the aidman in emergency field medical treatment and evacuation.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture; question and answer review.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Question and answer period (95 min).

NOTE: The Professional Science Branch prepares ahead of time a set of questions in each category below which are designed to bring out discussion on and emphasize critical knowledges in each area.

NOTE: Sub-divisions of, may be varied as necessary.

NOTE: A break is taken at the end of the 1st 50 minute of instruction.

a Review the following, using question, answer and discussion technique.

- 1) Assisting breathing and heart action.
- 2) Control of external hemorrhage.
- 3) Prevention of shock.
- 4) Securing and protecting sterile dressings.
- 5) The field medical card.
- 6) Emergency treatment of burn casualties.
- 7) Emergency Treatment of CBN casualties.
- 8) Emergency treatment of snake and insect bites.
- 9) Emergency treatment of heat and cold injuries.
- 10) Combat exhaustion.
- 11) Lifting and positioning the casualty on litter.
- 12) The Army leg splint.
- 13) Determining evacuation priority.
- 14) Preparation of casualties for removal from  
battlefield under fire of direct fire weapons.

3 Summary (3 min).

- (3) Period 3. (4 hrs): Preparation of Casualties for Evacuation from the Battlefield: Treatment and Evacuation Exercise (Attack) (LP 315-18-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

Outdoor Training Area (South of 10B, between River Crossing Area and 10A on East bank of small creek.

(b) Instructional Aids and Equipment:

Forty (40) Medical Aid Bags (Modified)

One-hundred-sixty (160) dressing, first aid, field,  
11 3/4 x 11 3/4 in.

Forty (40) hypodermic injection tubes (demonstration)

Four (4) empty tubs as used dressing containers.

An extra tub with the following items to be used for resupply:

One-hundred-sixty (160) dressings, first aid, small.

Eighty (80) dressings, first aid, medium.

Sixty (60) dressings, first aid, large, 11 3/4 x 11 3/4 in.

One-hundred-sixty (160) bandages, muslin, compressed.

Forty (40) adhesive plaster, surgical, 3 in x 5 yds.

Twenty (20) pencils, grease.

Handouts:

Casualty cards - 13 separate casualty situations

3 copies of each, total thirty-nine (39).



Checker's Check Lists - Score cards for each casualty situation (13 situations), 1 copy of each, per trainee - total one-thousand (1000).

(c) Trainee Equipment Requirements:

As specified by Unit SOP, pistol belt, canteen, FA pouch, and poncho.

(d) References:

TM 8-230.

(e) Training Objectives:

The trainee will improve his treatment and evacuation skills while performing realistically under simulated battlefield conditions (simulated small arms fire).

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

1 Introduction (3 min).

Cover scope of exercise and general situation. The general situation is: You are an Aidman assigned to an Infantry Company. The Company has just attacked and driven the enemy from this position (point). Our company was successful and the enemy has been driven 3-400 meters to the east (point). An occasional enemy shot (small arms) is heard in the area - enough to require that all treatment on the "Attack Site" and all evacuation therefrom to a "Safe Area" must be carried out in the crawl or prone position. The injured

soldiers of the company are calling for a Medic. You are to examine your casualties, give life saving treatment as necessary, position casualties for evacuation, evacuate him to a "Safe Area," give additional treatment in the "Safe Area" and assign him an evacuation priority.

2 Application (197 min)

a The class will be organized into 3 equal groups.

Each group will be further divided into 2-man teams. Each 2-man team will consist of:

Trainees A as the Aidman.

Trainees B as the Casualty-Checker.

After the completion of each wound treatment, the team members will be rotated as follows:

Trainees B will be the Aidman.

Trainees A will be the Casualty-Checker.

NOTE: Three 10-minute breaks will be given at appropriate times during this 4 hours exercise.

b Instructions to trainees:

- 1) The Aidman will make all treatment as realistic and as complete as possible. Keep in mind that this is a combat situation. You will have more than one casualty to treat. You will have non-litter cases. You will have litter cases. You will have to carry (drag) some casualties.

Casualties and aidmen must work in the prone position or crawl (even when littering a patient) while at the "Attack Site" and in moving between the "Attack Site" and the "Safe Area." The enemy may attack again at any time allowing evacuation vehicles to remain in the area for no more than 3 minutes.

- 2) The Casualty-checker will have two things to do; he will act as the Casualty and also check off the actions of the Aidman using a check list. The casualty will act realistically; if the simulated wound indicates pain, if the wound indicates that the casualty may be capable of helping the Aidman with the treatment, he is to help. Also, adjacent aidmen will assist each other with litter, as necessary. The casualty will also be the checker, and as the checker you will note the checklist and compare it with the treatment sequence of the aidman, checking correct treatment in appropriate blocks. If the aidman fails to make the proper treatment, the checker will remind him of the proper treatment and make an X-mark in the appropriate block of the checklist.

- 3) In order to get the most benefit from this exercise both the aidman and the checker must be honest. If a soldier here does not know how to correct a particular treatment, let's find out now and correct it.
- 4) You will be working in and between two areas; the place where the soldier receives his wounds - we will refer to this place as the "Attack Area." The place to which the casualty is moved for further treatment by you and to await evacuation - we will call a "Safe Area." Close to this "Safe Area" will be a (simulated) temporary landing site for a helicopter, a place beside a road, or a temporary aid post (point to landing site). At the "Attack Area" initiate the necessary life-saving treatment, position the casualty, and move the casualty to the relative safety of the "Safe Area" below the creek bank (point). At the "Safe Area" you will render additional treatment, position the casualty for evacuation, fill out the field medical card, and assign a priority for evacuation. You will not evacuate the casualties to the helicopter landing site.
- 5) When you have completed the treatment at the "Attack Area" the instructor will give you the

signal to evacuate the casualty as if under small arms fire and to continue the treatment upon your arrival with the patient in the "Safe Area." When you have completed all treatment, the instructors will critique the procedure, rotate you, and start a new procedure.

- 6) All treatments will be made with supplies from your medical aid bag. Remember to use your supplies wisely.

c Instructions to instructors:

- 1) Divide the group into 2-man teams, 1 aidman and 1 casualty-checker. Arrange teams on line 35-50 meters east of the creek bank "Safe Area" with approximately 5 yards interval between teams. Arrange the teams so that you can observe and correct.
- 2) Instruct the aidman to procure a medical aid bag.
- 3) Instruct each casualty-checker in each of the 3 groups to pick up a different casualty card (13 different wounds per group, Annex C), pencil, grease pencil, and check list. Instruct the casualty-checker to assume position of injured soldier (look at casualty card and make a grease pencil mark on himself the size, shape and place as pictured on the card. Attach the casualty card to the casualty.

- 4) Instruct the aidman to read the casualty card and begin the treatment. He will be allowed 5 minutes to complete the life-saving steps; 15 minutes overall.
- 5) Instruct the casualty-checker to check off as the aidman performs. If the aidman should fail to perform all steps of the treatment, the casualty-checker will remind him and make the proper X-mark on the check list.
- 6) Instructors are to continually check on the checker's check list for errors or omissions and make on-the-spot corrections. (This is a teaching situation, but do not spend too much time with each aidman).
- 7) The medical aid bags should be spot checked for completeness. Two items may be missing; the first aid dressings, large; and the hypodermic injection tubes (demonstration). Extra items of equipment will be found in the tubs but they are not to be used except with instructions from the instructors.
- 8) Aidman-casualty pairs are all started on the "Attack Area" at once in each group, initially. After the start, however, each group AI permits

all of his casualty-aidman pairs to proceed at their own pace. Group AIs, with the PI and extra AI, check out each aidman as they complete their life-saving steps in the "Attack Area" and start them independently on the evacuation phase, permitting the aidmen to read the casualty-checker card as an approved solution. Where a casualty can crawl, he is instructed to do so. The aidman for such a casualty must be utilized to assist an aidman whose casualty requires littering. But as soon as assistance of this nature is completed, pairs as originally assigned must be re-established; that is aidmen must return by crawling to their originally-paired casualty and complete the treatment on their respective casualties in the "Safe Area." All aidmen must perform treatment of their paired casualties in the "Safe Area" and must indicate evacuation priority.

- 9) At the conclusion of the treatment of each casualty (simulated arrival of evacuation vehicle), the casualty card and check list are collected. Dressings and bandages are removed from the casualty and deposited in the tubs. Check list squares will be completed but men will not be scored.

- 10) The team members are rotated, new casualty cards and check list are issued, and the next procedure is begun. Pairs are started independently of each other, each working at its own speed.



f. Conversion of Military Vehicles to Casualty Carriers (2 hrs)

(LP 311-79-H)

(1) Training Facility Requirements:

Outdoor training area.

(2) Instructional Aids and Equipment:

Twenty-five (25) litters, straight, rigid pole, aluminum

One (1) truck 3/4 ton, cargo 4 x 4, M37 without Tarpaulin and Bow

One (1) truck, 2½ ton, cargo, 6 x 6, M55 without Tarpaulan and Bows

One (1) personnel carrier armored M113 mock-up

One (1) ½ ton jeep.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

FM 8-35.

(5) Training Objectives:

(a) Trainee will know that when transporting a casualty, the patient must be secured by any means available and litter must be secured to the vehicle.

(b) Trainee will know that the patient's head will be positioned to the front of the vehicle when litter patient is placed lengthwise on military vehicles.

(c) Trainee will know that military vehicles are considered open types of vehicles.

(d) Trainee will know how to convert military vehicles to casualty carriers.

- APP 1. 62
- (e) Trainee will know that the  $\frac{1}{2}$  ton 4 x 4, truck with trailer, has a carrying capacity of four litter patients.
  - (f) Trainee will know that the  $\frac{3}{4}$  ton truck, 4 x 4, has a carrying capacity of five litter patients.
  - (g) Trainee will know that the  $2\frac{1}{2}$  ton truck has a carrying capacity of sixteen litter patients.
  - (h) Trainee will know the carrying capacity, both litter and ambulatory, of the current Armored Personnel Carriers.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: There is to be a 10 minute break at the end of each 50 minutes of instruction.

NOTE: The senior instructor will divide the class into 4 equal groups at the beginning of the period, will assign himself to one group, and will assign an AI to each of the other three groups. Each instructor remains at one vehicle for the entire period. Groups rotate at  $\frac{1}{3}$  of the two-hour period.

(a) Truck  $\frac{3}{4}$  Ton, 4 x 4 Station: Instructor will:

- 1 Introduction.
- 2 Demonstrate and explain briefly conversion of vehicle to patient carrier.
- 3 Demonstrate and explain briefly loading the vehicle, and unloading.

4 Have the trainees man the litters and load and unload "casualties."

5 Summarize.

- (b) Truck,  $2\frac{1}{2}$  ton, 6 x 6 station: Instructor carries out steps, a, b, c, d, e, par 1 above for the  $2\frac{1}{2}$  ton truck.
- (c) Station for Armored Personnel Carrier (or mock-up of same): Instructor carries out steps a, b, c, d and e, par 1 above for Armored Personnel Carrier.
- (d) Station for the  $\frac{1}{2}$  ton jeep: Instructor carries out steps a, b, c, d, and e, par 1 above for  $\frac{1}{2}$  ton jeep.

g. Removal of Injured from Vehicles (6 hrs)

(1) Period 1. (2 hrs): Removal of Injured from Vehicles (LP 311-81-H)

(a) Training Facility Requirements:

Special Training Area (Instructional Aids [ vehicles ] permanently in place).

(b) Instructional Aids and Equipment:

Three (3) wrecked vehicles - to include one (1) each:  
car, truck, rotary-wing aircraft.

Chalkboard, chalk, eraser.

Assorted field expedient tools as required to lift,  
pry, break into, etc., the vehicles.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Special text to be prepared by US Army Medical Training  
Center.

(e) Training Objectives:

1 Trainee will know special considerations, and  
precautions to be taken when removing an injured  
person from a wrecked vehicle.

2 Trainee will know techniques to be used in freeing  
an injured person from a wrecked vehicle so that he  
may be removed.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: There is to be a 10-minute break at the end of each 50 minutes of  
instruction.

NOTE: 95-minutes will be allotted to the instructional material itself.

1 Introduction (2 min)

Cover scope, reason and importance.

2 Presentation and Demonstration:

a Special problems encountered in cars, trucks  
and rotary wing aircraft:

- 1) Casualty impaled on protruding object.
- 2) Casualty pinned beneath vehicle.
- 3) Casualty trapped within vehicle.
- 4) Other characteristic problems.

b Techniques in Handling Casualties:

- 1) Check for further injury to casualties with  
prior wounds.
- 2) Treat emergency situations in place, before  
attempting to move the casualty.
- 3) Use parts of the vehicle as improvised aids,  
when needed.
  - a) Improvised splint.
  - b) Improvised litter.
- 4) Use two, or more, men when moving the casualty.
- 5) Other appropriate techniques.

c Techniques in freeing casualties.

- 1) Check for fire danger.
- 2) Opening jammed doors.
- 3) Cleaning broken or shattered windows.
- 4) Overturning vehicles.

- 5) Lifting vehicles.
- 6) Loosening usable parts of the vehicle.
- 7) Other freeing techniques.

d Demonstration:

NOTE: Where the condition of the vehicle may prove dangerous to live, personnel, mannequins may be substituted for demonstration purposes.

- 1) PI and AIs will act as "the Medic" and "his assistant," and will "rescue" a simulated casualty from wrecked vehicles.
- 2) Demonstration will be step-by-step and will cover cars, trucks, and rotary wing aircraft, and will combine as many important problems and techniques as technically possible.

NOTE: During the conduct of the demonstration, the class will be broken into thirds and will rotate from car to truck to helicopter.

3 Summary (3 min).

(2) Period 2. (4 hrs): Removal of Injured from Vehicles, P.E.  
(LP 311-82-H)

(a) Training Facility Requirements:

Special training area (Instructional Aids [vehicle]  
permanently in place).

(b) Instructional Aids and Equipment:

Twenty (20) wrecked vehicles - to include cars, trucks,  
and one (1) or more helicopters.

Assorted field expedient tools as required to lift,  
pry, break into, etc, the vehicles.

Twenty (20) litters.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Special text to be prepared by US Army Medical  
Training Center.

(e) Training Objectives:

Trainee will remove simulated casualties from wrecked  
vehicles, under supervision, as specified below under (f).

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: Any and all break time will be granted at the discretion of the PI.

1 Administrative Introduction (5 min).

a Explain procedures of the exercise.

b Divide the class into 20 equal groups and send  
four groups to each station problem.

2 Practical Exercise (232 min).

- a Five (5) stations will be used, with the helicopter(s) being included at one of them:
  - 1) Vehicle overturned.
  - 2) Vehicle on its side (also - helicopter crash).
  - 3) Upright vehicle with doors jammed shut.
  - 4) Upright vehicle with roof crushed.
  - 5) Vehicle overturned-doors jammed.
- b Four (4) vehicles will be present at each station.
- c Under supervision, trainees will carry out procedures necessary to treat, free, and prepare for evacuation simulated (using trainees where no danger is involved; dummies where there is danger) casualties as found in wrecked vehicles.
- d Trainees will rotate from station-to-station until all trainees have participated at all stations.
- e Extra time at the completion of the exercise will be utilized by the PI and/or AIs will answer questions from the class.

3 Summary (3 min).



h. Combat Evacuation Exercise (3 hrs) (LP 311-80-H)

(1) Training Facility Requirements:

Salado Creek river crossing area specially prepared for this exercise.

(2) Instructional Aids and Equipment:

(a) Instructor equipment requirements (based on a class strength of 85 trainees):

- 1 At orientation site. One terrain board (area of Combat Evacuation Exercise); one paulin, cotton duck, 12 x 17 ft.
- 2 At combat course (to river crossing site). One megaphone, portable, Model TIR BU; one simulator, small arms, flash, noise device 3C65C; one cyclinder, Oxygen, 22 cu. ft (full); one cylinder, acetylene, 10 cu ft (full); one housing, timer, oxygen and acetylene; six helmets, steel, complete.
- 3 At river crossing site. One container, wood, large (nonstandard) (containing fifty lines, rope, 6 ft, unfinished, two ends, 1/2 in. diameter); four life preservers, vest, kapok filled, adult, 25 1/8 in. high; four ring buoys, 20 in., unicellular plastic; two shovels, hand, round point, long handle; two paulines, cotton duck, 12 x 17 ft.
- 4 At aid station and end of problem site. One board, U.S. Field Medical Card (nonstandard); one tent,

CP, M-1943 (complete with pins and poles); one mallet, wood, ring bound, cross section shape head, head link 10 in., face diameter 8 in.; one splint set, telescopic splint; one bag, medical instrument and supply set, empty; one display board, medical instrument and supply set, dispensary, field.

- (b) Vehicle support requirements: Two ambulances, frontline,  $\frac{1}{2}$  ton, 4 x 4; one truck, cargo,  $2\frac{1}{2}$  ton, 6 x 6; one truck, cargo,  $\frac{3}{4}$  ton, 4 x 4; two trucks, ambulance,  $\frac{3}{4}$  ton, 4 x 4 (equipped with four litters, folding, rigid pole; one blanket set, bed, small (complete); one splint set, telescopic splint; one surgical instrument and supply set, individual; one snake bite kit, suction type).
- (c) At orientation site. Seventeen litters, folding, rigid pole, aluminum pole.
- (d) At combat course (to river crossing site). One bag, medical instrument and supply set (filled with dressings, first aid, field, camouflaged,  $7\frac{1}{2}$  x 8 in.); seventeen tags, wound, simulated casualties (nonstandard).
- (e) At river crossing site. Eighteen litters, folding, rigid pole, aluminum pole; eight ropes, manila, 3 strand,  $\frac{3}{4}$  in. circular, 50 ft lengths.
- (f) At aid station and end of problem site. Eighty-five DD Forms 1380; fifty pencils, colored lead, red-blue.

(3) Trainee Equipment Requirements:

Class "D" w/steel helmet, w/o M-17 protective mask.

(4) References:

FM 8-35.

(5) Training Objectives:

- (a) Trainee will traverse wire obstacles in a supine position.
- (b) Trainee will, when evacuating the simulated casualty through obstacles, move with the "casualty's" feet in the direction of movement on level terrain and headfirst uphill.
- (c) Trainee will, when loading vehicles, use the litter post carry, insure that "casualty" is loaded on vehicle headfirst, and secure the litters to the vehicle before moving out.
- (d) Trainee will, when loading the "casualty" on a raft, keep the litter centered and balanced by shifting his (Corpsman's) weight.
- (e) Trainee will know how to make a raft by using a tarpaulin; and extra litters.
- (f) Trainee will become proficient in routine and equipment used in the treatment of casualties by medical personnel at the battalion aid station.

(6) Lesson Outline:

NOTE: Instructional Method: Demonstration, P.E.

NOTE: This exercise will be conducted as outlined in detail in Lesson  
Outline par 8n (10) (g), pages 64-67, A Subj Scd 8-910, March 1965.

i. Treatment of Casualties and Preparation for Evacuation Under Limited Visibility Conditions. (6 hrs)

(1) Period 1. (3 hrs): Treatment and Preparation for Evacuation Under Limited Visibility I (LP 315-19-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

Outdoor area shielded from extraneous lighting; and, infra-red is used as an assist for instructor supervision, a source of infra-red light sufficient to flood an area 50' x 50.'

(b) Instructional Aids and Equipment:

Medical Aid Bag (Modified) - 40

Dressing, first aid, field, 11 3/4 x 11 3/4 in - 160

Hypodermic injection tubes (demonstration) 5s - 40

Empty tubs as used for dressing containers - 4

An extra tub with the following items to be used for resupply.

Dressings, first aid, small - 160

Dressings, first aid, medium - 80

Dressings, first aid, large, 11 3/4 x 11 3/4 in - 60

Bandage, muslin, compressed - 160

Adhesive plaster, surgical, 3 in x 5 yds - 40

Pencil, grease - 20

Handouts:

Casualty cards - 13 separate casualty situations,

3 copies of each - total 39.

Checker's Check Lists - Score Cards for each  
casualty situation (13 situations, 1 copy of each,  
per trainee - total 1000.

Flashlight with red lens per 2 trainees and per  
instructor - 1

If infra-red is used as an assist for instructor  
supervision:

Per PI and AI - one (1) pair goggles, infra-red.

(c) Trainee Equipment Requirements:

As specified by Unit SOP w/pistol belt, first aid pouch,  
cantenna.

(d) References:

TM 8-230.

(e) Training Objectives:

The trainee will perform treatment and preparation of  
evacuation of casualties under limited visibility  
conditions and simulated battlefield conditions.

(f) Lesson Outline:

NOTE: Instructional Method: P.E.

NOTE: This period must be scheduled subsequent to Period 315-17-H.

NOTE: With the exceptions listed below, this period will be conducted  
in accordance with the provisions of LP 315-17-H.

1. The entire period will be scheduled for hours of darkness.
2. The introduction and instructions to trainees will be condensed  
to take advantage of trainees' experience in training under  
LP 315-17-H.

3. It is considered appropriate that the same casualty situations used in LP 315-17-H be employed in this period; but they may be varied if experience proves that substitution of different casualty situations is desirable.
4. For Instructor Control and observation of trainees, execution of duties, it is desirable that the instruction area be flooded with infra-red light and that instructors wear infra-red filter goggles.
5. The first treatment and evacuation situation for each trainee will be conducted with the aidman blind-folded. This is to demonstrate the necessity for an aidman to develop treatment skills for deep jungle situations that are "second nature" all succeeding situations will be conducted in natural darkness without blind-folds.
6. Each casualty-checker and each instructor will be furnished a flashlight with red lens which he will use under cover of a garment for reading and making entries on the score card.
7. Evacuation from the "Attack Site" to the Company Command Post will be as if under intermittent fire from small arms in darkness.

(2) Period 2. (3 hrs): Treatment and Preparation for Evacuation  
Under Limited Visibility II (LP 315-20-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

Outdoor area shielded from extraneous lighting; and,  
if infra-red is used as an assist for instructor supervision, a source of infra-red light sufficient to flood an area 50' x 50.'

(b) Instructional Aids and Equipment Requirements:

Medical Aid Bag (Modified) - 40

Dressing, first aid, field, 11 3/4 x 11 3/4 in - 160

Hypodermic injection tubes (demonstration) 5s - 40

Empty tubs as used dressing containers - 4

An extra tub with the following items to be used  
for resupply.

Dressings, first aid, small - 160

Dressings, first aid, medium - 80

Dressings, first aid, large, 11 3/4 x 11 3/4 in - 60

Bandage, muslin, compressed - 160

Adhesive plaster, surgical, 3 in x 5 yds - 40

Pencil, grease - 20

Handouts:

Casualty cards - 13 separate casualty situations,

3 copies of each - total 39.



Checker's Check Lists - Score Cards for each casualty situation (13 situations) 1 copy of each, per trainee - total 1000.

Flashlight with red lens per 2 trainees and per instructor - 1

If infra-red is used as an assist for instructor supervision:

Per PI and AI - one (1) pair goggles, infra-red

Field ambulances - 2

(c) Trainee Equipment Requirements:

As specified by Unit SOP w/pistol belt, first aid pouch, canteen.

(d) References:

TM 8-230.

(e) Training Objectives:

The trainee will perform treatment and preparation of evacuation of casualties under limited visibility conditions and simulated battlefield conditions.

(f) Lesson Outline:

NOTE: Instructional Method: P.E.

NOTE: 1. This period must be scheduled subsequent to Periods 315-17-H and 315-19-H.

NOTE: 2. With the exceptions listed below, this period will be conducted in accordance with the provisions of LP 315-17-H.

a. The entire period will be scheduled for hours of darkness.

b. The introduction and instructions to trainees will be condensed to take advantage of trainees' experience in training under LP 315-17-H and LP 315-19-H.

- c. Casualty situations similar, but not identical to those used in LP 315-17-H and 315-19-H, will be employed.
- d. For instructor control and observation of trainees, execution of duties, it is desirable that the instruction area be flooded with infra-red light and that instructors wear infra-red filter goggles.
- e. All situations will be conducted in natural darkness.
- f. Each casualty-checker and each instructor will be furnished a flashlight with red lens which he will use under cover of a garment for reading and making entries on the score card.
- g. The exercise will require trainees to load casualties on to and off from Field Ambulances stationed near (in rear of) the company collecting point.
- h. Evacuation will be carried out as if the area were under intermittent fire from small arms.

7. Technical Training: Phase 3 - Basic Skills and Duties of the Aidman

a. Dispensary/Battalion Aid Station (1 hr): Medical

Functions and Duties of Aidman, Conduct of Sick Call (LP 325-1-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 3-1-A (Time - 35:43)

Chalkboard, Chalk, Eraser

Provided by Instructor:

Eighty (80) DD Form 722

Eighty (80) DA Form 2658

Eighty (80) SF Form 600

Eighty (80) SF Form 601

Eighty (80) SF Form 88

Eighty (80) SF Form 89

Eighty (80) SF Form 514

Eighty (80) SF Form 519

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230; FM 8-50; AR 403.

(5) Training Objectives:

The trainee will know the general functioning of a typical Aid Station or Dispensary, and know the duties of medical aidman in connection with Sick Call.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 3-1-A, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(a) Introduction (1 min)

Cover scope, reason, and importance.

(b) Explanation (46 min)

- 1 Define sick call, when held, and how arrangements are made to attend.

NOTE: Pass out DD 689 Individual Sick Slip.

- 2 Discuss sick slip.

- 3 Discuss the flow of patients on sick call and functioning of dispensary.

- a The clerk; his duties.

- b Sick Slip - arrival time; time doctor seen; time departed.

- c Appointments.

- d Emergencies.

- e The waiting room.

- f Doctor's Office.

- g Treatment room.

- h Pharmacy.

- i Relation to Battalion and Station.

- j Health records.

NOTE: Show AR-403

NOTE: Show TB Med. 250

TB Med. 250 serves as a guide for the use of health records.

NOTE: Instructor will pass out simulated health records.

- 1) Discuss the following forms and entries made on them:

NOTE: Students follow on their copies of the forms:

- a) DD 722.
- b) DA 2658.
- c) SF 600.
- d) SF 601.
- e) SF 88.
- f) SF 89.
- g) SF 514.
- h) SF 519.

(c) Summarize (3 min).

b. Introduction to Pharmacy and Common Drugs (6 hrs)

(1) Period 1. (1 hr): Introduction to Drugs (LP 307-1-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Chalkboard, chalk, eraser, workbook and study guide,  
pharmacology, one (1) per trainee.

TV Tape \*H-MTC 2-G-1 (Time - 24:31).

If TV is not used:

One (1) Vu-graph projector.

Vu-graphs 307-1-1 thru 307-1-12.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961), par 246-259, C1 and C2; Martin and Cook,  
Remington's Practice of Pharmacy, pgs 474, 1703-1707.

(e) Training Objectives:

1 Trainee will know that a drug is any substance administered to a patient for the diagnosis, treatment, or prevention of disease.

2 Trainee will know that there are two types of drug preparations (solids and liquids).

3 Trainee will know that drugs are administered internally or externally, depending upon the action desired.

\*HumRRO-MTC produced.

4 Trainee will know that the weight and age of the patient and the method of administration will have an effect on the amount of a drug given to the patient.

5 Trainee will know not to administer unidentified drugs, nor to permit such to remain in the dispensary or in any of the medical chests or kits.

6 Trainee will know to check drug labels at least three times before dispensing any medication.

7 Trainee will know always to keep the label up when pouring from a container.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-G-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation, Demonstration (48 min).

NOTE: If TV tape is not available, Vu-graphs 307-1-1 thru 307-1-12 will be shown at appropriate places.

a Define drug, pharmacy, pharmacology, poison, antidote (5 min).

b Explain the source of drugs (10 min).

c Explain the types of drug preparations, to include examples of solid and liquid preparations (10 min).

APP E, LOs (Cont'd)

- d Explain the methods of drug administration, to include solutions, ointments, oral, rectal, injections, sublingual and inhalation (25 min).
- e Discuss the factors influencing the dose and action of a drug, to include weight, age, drug, and mode of administration (20 min).
- f Give the references for drug standardization (5 min).
- g Explain the drug legislation (5 min).
- 3 Summary (1 min).



(2) Period 2. (2 hrs): Prescriptions and Pharmaceutical  
Weights and Measures (LP 307-2-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-G-2 (Time - 23:12)

Chalkboard, Chalk and Eraser

If TV tape is not used:

One (1) Vu-graph projector

Vu-graphs 307-7-1 thru 307-7-5.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Pharmacy, 12th Ed. Mack Publishing Co., Easton, Pa.,  
1961, pp 80, 82, 1568-1574.

(e) Training Objectives:

- 1 Trainee will know that the basic units of weight and measure in the metric system are the gram (Gm) and liter (L).
- 2 Trainee will know that the basic units of weight and measure in the apothecary system are the grain (gr) and minim (m).
- 3 Trainee will know apothecary/metric equivalents of frequently used measurements, such as teaspoon, tablespoon and 1 oz medicine glass.

\*HumRRO-MTC produced.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-G-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation (48 min).

Explain and demonstrate as applicable:

NOTE: If TV is not used, Vu-graphs 307-7-1 thru 307-7-5 are shown at appropriate places.

a The metric system.

b Household equivalents.

c Percentage strengths.

d Abbreviations used in ward orders.

e Summarize and ask questions on abbreviations.

BREAK

SECOND HOUR

3 Explanation continued (45 minutes).

a Introduction (1 min).

Cover scope of hour.

b Explain and demonstrate (15 min).

Prescriptions - definitions, parts, name and quantity of drug, instructions to pharmacist, narcotics.

\*HumRRO-MTC produced.

c Hold practical exercises dealing with interpretation of doctor's orders.

- 1) Questions and answers from class.
- 2) Use chalkboard examples.
- 3) Correct each problem.
- 4) Summary (2 min).

(3) Period 3. (1 hr): Common Drugs and Their Use I

(LP 307-3-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-G-3 (Time - 7:55)

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961) Chap 5 C1 and C2; Physicians' Desk  
Reference to Pharmaceutical Specialities and  
Biologicals, 13th Ed.; Medical Economics Inc., Orville,  
N.J. 59, pp 787-849.

(e) Training Objectives:

- 1 Trainee will know that aspirin may be used to  
relieve minor pain and reduce fever.
- 2 Trainee will know that analgesics are drugs  
that relieve pain.
- 3 Trainee will know that codeine may be used to  
relieve moderate pain and overcome a nonproductive  
cough.
- 4 Trainee will know that Coricidin-D tablets are  
used as treatment for the common cold.
- 5 Trainee will know not to use tincture of zephiran  
directly into an open wound.

6 Trainee will know that benadryl is an anti-histaminic drug and that it is used for allergic reactions.

7 Trainee will know adult doses of commo medications specifically discussed in lesson outline.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV tape \*H-MTC 2-G-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (45 min)

a Define analgesic, antitussive, anesthetics, astringent, antipyretic, disinfectant, and antihistamine.

b Discuss the more common types of drugs, to include their actions, use, dosage, and precautions to be followed in their use.

3 Summary (3 min).

(4) Period 4. (1 hr): Common Drugs and Their Uses II  
(LP 307-4-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-G-4 (Time - 7:27 min)

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Martin & Cook Remington; Practice of Pharmacy,  
12th Ed., Mack Publishing Co., Easton, Pa. (1961),  
pp 822, 749, 584, 1068; Physicians' Desk Reference  
to Pharmaceutical Specialties and Biological; 13th Ed.,  
Medical Economics, Inc., Orville, N.J. (59), pp 857.

(e) Training Objectives:

- 1 Trainee will know not to give cathartics (laxatives)  
in the presence of abdominal pain or distress.
- 2 Trainee will know that neo-synephrine should not  
be used on patients with a history of high blood  
pressure or heart disease, without orders from a  
doctor.
- 3 Trainee will know that phenobarbital comes in  
two strengths and to be sure to read the label  
carefully before administering to a patient.

- 4 Trainee will know that phenobarbital is a long acting barbituate with a depressant action.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-G-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation (46 min)

a Define antifungal, cathartic, nasal decongestant, expectorants, and sedative.

b Discuss some commonly used drugs, calamine lotion, thimerosal tincture, senna pod extract tablets, liquid petrolatum (mineral oil), neo-synephrine ( $\frac{1}{2}$ % liquid; 0.5% jelly), elixir terpin hydrate (plain and with codeine) (ETH), Brown's Mixture, Phenobarbital.

3 Summary (2 min).

(5) Period 5. (1 hr): Common Drugs and Their Uses III  
(LP 307-5-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-G-5 (Time - 6:19).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961), Chap 5; C1 and C2; Physicians'  
Desk Reference to Pharmaceutical Specialties and  
Biologicals, 13th Ed., Medical Economics, Inc.,  
Orvalle, N.J., (1959), page 787, 849, and 859.

(e) Training Objectives:

- 1 Trainee will know that phiso-hex is a commonly found drug used as a detergent and anti-infective agent.
- 2 Trainee will know that soap, either surgical or in any form, is one of the most important and widely used drugs, whether it be in medicine, surgery, or everyday life for prevention of infections.
- 3 Trainee will know that desenex is effective only when used properly and only when good personal hygiene and cleanliness is accomplished.



- 4 Trainee will know that gexane is an antiparasitic used in treating for lice and scabies (itch).

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-G-5, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (1 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (47 min).

a Define antacid, demulcent, absorbent, detergent, antifungal, and antiparasitic.

b Discuss some commonly used drugs:

- 1) Aluminum hydroxide gel and magnesium trisilicate tablets (Gelusil),
- 2) Bismuth and Paregoric mixture,
- 3) Kaopectate,
- 4) Phiso-hex (hexachlorophene) and Surgical Soap,
- 5) Undecylenic acid ointment and powder (Desenex),
- 6) DDT Powder (10%),
- 7) Gamma Benzene Hexachloride (Gexane).

3 Summary (2 min).

\*HumRRO-MTC produced.

c. Common Medical Disorders and Complaints (7 hrs)

(1) Period 1. (2 hrs): Dislocations, Sprains and Strains

(LP 325-15-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 3-A (Time - 22:49).

When TV not available:

One (1) overhead projector,

Vu-graphs 3-A-1 thru 3-A-12.

Per each Two (2) trainees:

Two (2) 3-inch elastic bandages

Two (2) 4-inch elastic bandages.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230; FM 8-50.

(e) Training Objectives:

- 1 The trainee will know what transpires in dislocations, sprains, strains and will know the means by which first aid is initiated.
- 2 The trainee will know the areas of pertinent importance particularly areas of the body that are afflicted most commonly.

\*HumRRO-MTC produced.

- 3 The trainee will correctly apply bandages to afflicted areas--the knees and the foot.
- 4 Through performance of application, the trainee will know that these are but few means of treatment for sprains and strains, but that these are effective.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 3-A, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There will be a 10-minute break at the end of each 50 minutes of instruction.

NOTE: 96 minutes of class time have been allotted to the presentation of ~~the~~ actual subject material.

- 1 Introduction (2 min)  
Cover scope, reason, and importance.
- 2 Explanation: Dislocations.
  - a Definition
  - b Joints  
Three types.

NOTE: Show Vu-graph 3-A-1

- 1) Immoveable joints.
- 2) Slightly movable joints.
- 3) Freely movable joints.

\*HumRRO-MTC produced.

c Normal structure of the shoulder joint.

NOTE: Show Vu-graph 3-A-2 and discuss.

d Dislocated shoulder joint.

NOTE: Show Vu-graph 3-A-3 and discuss (dislocated shoulder ).

e Causes of dislocations.

f Signs and symptoms of a dislocation.

g Complications of a dislocation.

h Emergency treatment given by the aidman before patient reaches a doctor.

1) General emergency treatment rules.

2) Treatment given prior to evacuation.

i Treatment normally given at the emergency room for dislocations.

### 3 Sprains

a The normal appearance of the knee joint.

NOTE: Show Vu-graph 3-A-9

b Description of a sprained knee joint.

NOTE: Show Vu-graph 3-A-10 and discuss.

c Common causes of sprains.

d Signs and symptoms of a sprain.

e Emergency treatment given by the aidman before patient reaches a doctor.

f Treatment normally given at the emergency room for sprains.

### 4 Demonstration:

Figure-eight bandage of the knee.

a Procedure.

5 Application: Figure-of-eight of the knee.

a Students will be formed into groups of approximately 20 men. One AI will be assigned to each group. He will further designate and form the men into teams of two men; one as member "A," the other as member "B."

b Equipment will be issued at this time if not already done.

c Member "A" will make the first application. The AI will check each step and the completed application. After this is done, member "B" will make the application.

d Students will remain in their same groups following the application.

6 Demonstration: Spica of the foot.

7 Application: Spica of the foot.

NOTE: Same procedure is to be followed as in the previous application.

8 Explanation: The use of tape to immobilize sprains.

NOTE: Show Vu-graph #3-A-11 and explain.

9 Strains.

a Description.

NOTE: Show Vu-graph 3-A-12 and explain.

b Signs and symptoms of a strain.

c Treatment.

10 Summary (2 min).

(2) Period 2. (1 hr): Skin Disorders (LP 325-16-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment.

One (1) Slide projector, 35 mm

35 mm Slides 3-B-1 thru 3-B-9

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Dermatology; Pillsbury, Shelly, Kilgman.

(e) Training Objectives:

Trainee will recognize some of the more common skin disorders that may be seen in dispensaries and/or stations.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation (46 min)

a . Blisters.

1) Definition

2) Causes

3) Treatment

b Sunburn.

1) Cause

2) Treatment

c Ingrown toenails.

- 1) Cause
- 2) Symptoms
- 3) Treatment

d Scabies.

- 1) Cause
- 2) Occurrence
- 3) Distribution on person

NOTE: Show Slide 3-B-1 and discuss.

- 4) Treatment.

e Pilonidal cysts.

- 1) Symptoms
- 2) Treatment

f Warts

NOTE: Show Slides 3-B-2 and 3-B-3 and discuss.

NOTE: Show Slide 3-B-4 and discuss.

g Fungus infections.

- 1) Athlete's foot.
  - a) Vesicular ringworm
    - 1) Symptoms
    - 2) Treatment
    - 3) Complications

NOTE: Show Slide 3-B-8 and discuss.

- 2) Jock itch.

NOTE: Show Slide 3-B-9 and discuss.

a) Symptoms

b) Treatment

h Lice (Pediculosis) - three types.

1) Head lice.

a) Symptoms

b) Treatment

2) Body lice.

a) Symptoms

b) Treatment

3) Pubic lice.

a) Symptoms

b) Treatment

3 Summary (3 min).



(3) Period 3. (1 hr): Respiratory Infections (LP 325-17-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Chalkboard, chalk, eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Communicable Diseases, Pullen Control of Communicable Diseases in Man, Public Health Association.

(e) Training Objectives:

Trainee will know some of the more common diseases of the respiratory system seen in the dispensary.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation (46 min)

a Common cold.

- 1) Cause
- 2) Symptoms
- 3) Treatment

b Acute respiratory disease of Military Recruits

- 1) Cause
- 2) Transmission
- 3) Occurrence
- 4) Treatment

c Influenza.

- 1) Symptoms.
- 2) Treatment and vaccine.

d Atypical Pneumonia.

- 1) Symptoms.
- 2) Treatment.

e Pneumonia (pneumococcic).

- 1) Symptoms.
- 2) Treatment.

f Meningitis (Meningococcal).

- 1) Symptoms.
- 2) Treatment.

g General information.

Patients to be seen by doctor.

3 Summary (3 min).

(4) Period 4. (1 hr): Digestive System Complaints (LP 325-18-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Chalkboard, chalk, eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Care of the Adult Patient; Medical-Surgical Nursing.

(e) Training Objectives:

Trainee will know the most common problems of the digestive system seen in the dispensary.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation (46 min).

a Indigestion.

1) Symptoms

2) Causes

3) Treatment

b Constipation.

1) Chronic constipation

a) Causes

b) Treatment

2) Acute constipation.

a) Causes

b) Treatment

c Diarrhea

1) Symptoms

2) Causes

3) Treatment

d Appendicitis

1) Symptoms

2) Treatment

e Hemorrhoids (Piles)

1) Causes

2) Symptoms

3) Treatment

3 Summary (3 min).

(5) Period 5. (1 hr): Unconsciousness (LP 325-19-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Chalkboard, chalk and eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

First Aid; American Red Cross. The Complete Book of First Aid. TM 8-230.

(e) Training Objectives:

Trainee will know some of the most common causes of unconsciousness and the basic requirements in handling the unconscious patient.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation (46 min)

a Definition

b Causes

c Observations to be made by the corpsman

d Specific causes

1) Fainting

a) Cause

- b) Symptoms
- c) Treatment
- 2) Convulsions
  - a) Causes
  - b) Symptoms
  - c) Treatment
- 3) Head injuries
  - a) Symptoms
  - b) Treatment
- 4) Unconsciousness - cause unknown - treatment.

3 Summary (3 min).

(6) Period 6. (1 hr): Venereal Diseases (LP 301-6-H)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Chalkboard, chalk, eraser.

Slide projector, One (1), 35mm.

35mm Slides 3-F-1 thru 3-F-3.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Control of Communicable Diseases in Man - Public Health  
Association Diagnosis and Treatment 1965.

(e) Training Objectives:

Trainee will know the symptoms and treatment of  
venereal diseases.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

1 Introduction (1 min)

Cover scope, reason, and importance.

2 Explanation (46 min)

a Syphilis

1) Mode of transmission.

2) Signs and symptoms.

NOTE: Show Slide #3-F-1 and discuss.

a) Primary stage

NOTE: Show Slide #3-F-2 and discuss

b) Secondary stage

c) Third stage

1) Early latent

2) Late latent

3) Treatment

b Gonorrhea

1) Mode of transmission

2) Signs and symptoms

3) Treatment

c Chancroid

1) Mode of transmission

2) . Symptoms

NOTE: Show Slide #3-F-3 and discuss

3) Treatment

d Lymphogramuloma venereum

1) Mode of transmission

2) Symptoms

3) Treatment

e Lymphogranuloma inguinale

1) Mode of transmission

2) Symptoms

3) Treatment

f General information

1) Referral of patients to doctor



2) Only a doctor to diagnose and treat a venereal disease.

3) Encourage all soldiers to report to a medical facility.

4) "Privileged information."

3 Summary (3 min).

d. Temperature, Pulse and Respiration (4 hrs) (LP 325-2-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-A-1 (Time - 53:32).

Chalkboard, chalk and eraser.

Eight (8) tables, folding, field.

Four (4) bottles, prescription, thirty-two (32) ounces,  
filled with disinfecting solution (Wescodyne 75 ppm).

One (1) tray, instrument, CRS,  $15\frac{1}{2} \times 9\frac{1}{2} \times 2$ .

Four (4) trays, instrument, CRS,  $8\frac{7}{8} \times 5 \times 2$ .

Four (4) trays, catheter, CRS, size 1.

Two (2) jars, forceps, 4-15/16", labeled CLEAN with black paint.

Four (4) jars, forceps, 4-15/16", labeled USED with black paint.

Eight (8) jars, surgical needle, filled with cotton balls.

Ninety (90) thermometers, clinical, human, oral, in  
disinfecting solution (Wescodyne 75 ppm).

One (1) pad, writing, unruled, 3 x 5

Four (4) cleaning cloths.

Eight (8) sputum cups used as waste containers.

One (1) tray, catheter, CRS, size 1, labeled RECTAL with  
black paint.

One (1) jar, forceps, 4-15/16", labeled RECTAL CLEAN with  
black paint.

One (1) jar, forceps, 4-15/16" labeled RECTAL USED with  
black paint.

Three (3) jars, surgical needle, filled with 2 x 2 gauze squared

Two (2) thermometers, clinical, human, rectal.

One (1) tube, lubricant, water-soluble.

Eight (8) bowls, gauze, pad, CRS.

Three (3) bottles, screw top, wide mouth, round 210 ml for  
used thermometers.

One (1) overhead projector

Vu-graphs: 2-Unit 7-Section A, 3-Unit 7-Section A

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Textbook of the Principles and Practice of Nursing;

Brochure - Becton, Dickinson & Co; TM 8-230.

(5) Training Objectives:

(a) Trainee will know that accurate taking and recording  
of TPR is essential to the doctor's determination of  
diagnosis and treatment and are vital signs of the  
patient's condition.

(b) Trainee will know that in order to obtain an accurate  
temperature, the mercury in the thermometer must be shaken  
down to 95° or below.

(c) Trainee will know that the proper handling and cleaning  
of the thermometers are important to the health and safety  
of the patient.

- (d) Trainee will know that the body temperature is the degree of heat in the body and that it varies in health and illness.
- (e) Trainee will know that temperatures may be taken by the oral, rectal and axillary methods.
- (f) Trainee will know that the thermometer must remain under the patient's tongue for 3 minutes; in the rectum for 5 minutes; and in the axilla for 10 minutes; and that pulse and respiration are taken for 1 minute in order to insure accuracy.
- (g) Trainee will know that immediate reporting of variations in TPR is essential to the welfare of the patient.
- (h) Trainee will properly take and record temperature, pulse and respirations.
- (i) Trainee will properly clean and care for thermometers.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-A-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- (a) Introduction (1 min)  
Cover scope, reason, and importance.
- (b) Explanations, Demonstrations and Application.

FIRST HOUR

1 Temperature (50 min).

\*HumRRO-MTC produced.

Explain and demonstrate as applicable.

- a Define
- b Variations
- c Equipment for taking.

- NOTE: 1. Give each trainee a thermometer.
2. Show Vu-graph 3-Unit 7-Section A.

- d Instrument used - clinical thermometer.
- e Reading the thermometer.

NOTE: Show Vu-graph 2-Unit 7-Section A.

NOTE: Have trainees turn sideways in chairs and shake mercury down; check.

- f Taking oral temperature - the most common method used.

NOTE: Have each trainee place thermometer under tongue and take his own temperature.

- g Cleaning the thermometer - instructor demonstration.

- NOTE: 1. After three (3) minutes have elapsed, have trainees remove thermometers from mouth and read; check; have trainees clean their thermometers.

2 Pulse

- a Normal range
- b Where counted
- c Pulse variations
- d Observation of rate, rhythm, and force
- e Method of taking pulse.

NOTE: Have trainees locate and count own pulse.

3 Respiration

- a Average range.
- b Observation made of rate, rhythm, and character.
- c Respiration can vary with activity, exercise, emotions, drugs.
- d Methods of taking.

NOTE: Have trainee take pulse and respiration of trainee sitting on his right.

NOTE: Demonstrate the correct way to record TPR on patient's SF 600 in the dispensary.

BREAK - 10 minutes

SECOND HOUR

(c) Practical Exercise (50 min)

NOTE: Primary instructor will divide class with one-half acting as "Corpsmen" and one half acting as "Patients."

1 Conduct of Practical Exercise.

- a "Corpsmen" will take TPR of "patient"  
clean a thermometer; and record TPR.
- b "Patients" will remain seated with "Corpsmen"  
standing behind chair.
- c Directions to "Corpsmen"
  - 1) Wash hands.
  - 2) Select clean thermometer from container passed by instructor.
  - 3) While standing behind "Patient"
    - a) Read thermometer. Raise hand to signal for check by instructor.

- b) Shake mercury down to 96° or below.
- c) Recheck reading.
- 4) Stand in front and to the right of "Patient" to perform procedure.
- 5) Follow procedure, step-by-step, as given by instructor.
- 6) Raise hand to signal supervising instructor for assistance and check for accuracy.
- 7) Perform cleaning procedure as directed by instructor.

d Directions to instructors.

- 1) Have "Corpsmen" remain behind chairs.
  - a) To read thermometer.
  - b) To have reading checked by instructor.
  - c) To shake down mercury.
  - d) To re-check reading.
- 2) Have "Corpsmen" stand in front and to right of "Patient" while performing procedure.
- 3) Give procedure, step-by-step, from a central position.
- 4) Do the timing for pulse and respiration count.
- 5) Have "Corpsmen" remove thermometer from "Patient's" mouth and read.
- 6) Have "Corpsmen" place used thermometer in "USED" container after being checked by instructor.

7) Divide "Corpsmen" into four groups.

a) Direct groups to form two lines and proceed to clean up areas.

1) Record TPR as it would be recorded on SF 600.

2) Clean a thermometer under supervision.

8) Record abnormal reading on chalkboard.

BREAK - 10 minutes

THIRD HOUR

2 Roles of "Corpsmen" and "Patients" will be reversed and practical exercise will be repeated.

BREAK - 10 minutes

FOURTH HOUR

(d) Other methods of taking temperature (48 min)

1 Explain rectal temperature

a When used

b The normal range

c Instrument used

d Taking rectal temperature

e Recording - same as for oral except (R) is placed over temperature.

f Care of equipment - same as for oral thermometer.

2 Axillary Temperature - taken in armpit. It is the least accurate of the three methods and doctor must give his permission.



a The normal range is 96° to 98° F. (One degree lower than oral temperature).

b The thermometer used.

c Taking axillary temperature.

NOTE: Demonstrate with a pencil (to facilitate trainees viewing if TV not available).

d Recording - same as for oral except (A) is placed over temperature.

e Care of equipment - same as for oral thermometer.

(e) Daily care of thermometer trays - oral and rectal - explain.

(f) Summary (2 min).

e. Blood Pressure (4 hrs): (LP 325-3-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 22-10-C (Time - 59:43 min)

NOTE: Based on eighty (80) trainees per class.

In Building:

Forty-four (44) stethoscopes, combination type.

Forty-two (42) sphygmomanometers.

From CMS:

Eight (8) jars, surgical needle, filled with pads,  
gauze, surgical, 2" x 2," saturated with alcohol.

Eight (8) jars with applicators, wood, cotton-tipped.

Eight (8) basins, sponge, unwrapped.

Eight (8) wrappers, muslin, 36" x 36"

Two (2) cleaning rags.

Two (2) pads, paper, 3" x 5"

One (1) package 2" x 2" gauze squares

One (1) bottle (16 oz) alcohol.

One (1) "Patient" Checklist per two (2) trainees.

If TV not available:

One (1) overhead projector.

Vu-graphs 2-Unit 7-Section C, 3-Unit 7-Section C.

(3) Trainee Equipment Requirements:

As specified by Unit SOP, notebooks and pencils.

(4) References:

Primer of Clinical Measurement of Blood Pressure Textbook  
of Principles and Practice of Nursing.

(5) Training Objectives:

- (a) Trainee will know that blood pressure is the pressure that the blood exerts against the walls of the arteries.
- (b) Trainees will know what systolic and diastolic pressure is.
- (c) Trainee will know that blood pressure is a vital sign that is taken to determine the patient's condition.
- (d) Trainee will know that the pulse must be located in the brachial artery before air is pumped into the rubber bladder on the cuff.
- (e) Trainee will know that when taking the blood pressure, the patient is placed in a comfortable position, sitting or lying down.
- (f) Trainee will know that most patients need blood pressure readings taken to aid the doctor in making a diagnosis, to determine the condition of patient, and to determine the treatment and progress of patient.
- (g) Trainee will know that blood pressures vary from time to time and that they are taken at frequent intervals for close observation and accuracy.
- (h) Trainee will know that blood pressure equipment is expensive and must be handled with care.
- (i) Trainee will properly take and record blood pressure.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 22-10-C, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(a) Introduction (2 min).

Cover scope, reason, and importance.

NOTE: A 10-minute break will be taken after 50 minutes of instruction.

(b) Explanation and Demonstration (98 min).

Explain and demonstrate as applicable:

- 1 Blood pressure.
- 2 Reasons for measuring blood pressure (a vital sign).
- 3 Factors that affect blood pressure.

NOTE: Show Vu-graph 2-Unit 7-Section C.

- 4 Equipment for measuring blood pressure.

NOTE: Show Vu-graph 3-Unit 7-Section C.

NOTE: Show how mercurial type is placed in case.

NOTE: Show stethoscope and describe components.

- 5 Procedure for taking and recording blood pressure, and caring for equipment.

NOTE: Use trainee as "Patient."

(c) Familiarization with Equipment.

- 1 One-half of trainees will be "Corpsmen" for first half-of-hour, other half will be "Patients."
- 2 Roles will be reversed for second half of hour.  
Trainees who were "Corpsmen" last half-of-hour will continue as "Corpsmen" the third hour.

\*HumRRO-MTC produced.

3 General plan.

- a "Corpsman" will apply cuff, locate brachial pulse, test stethoscope listening device.
- b Blood pressure can be taken to identify sounds but will not be checked by instructor.
- c Care of equipment will be carried out as given in preceding hour.
- d Instructors will supervise each trainee's performance.
  - 1) Proper placing and wrapping of cuff.
  - 2) Locating brachial pulse.
  - 3) Testing of stethoscope listening device.
  - 4) Proper care of equipment.

BREAK - 10 minutes

THIRD HOUR

(d) Practical Exercise (50 min)

1 General plan.

NOTE: Give each "Corpsman" a sheet of scratch paper.

- a Directions to trainees:
  - 1) Trainees will remove fatigue jackets.
  - 2) Trainee acting as "Corpsman" will:
    - a) Stand in front of "Patient's" chair.
    - b) Follow instructions step-by-step as given by the instructor.
    - c) Raise hand for assistance if having difficulty with procedure.

- d) Record reading on paper provided.
  - e) Raise hand to inform instructor that reading is recorded and ready to be checked.
  - f) When reading has been check, change places with another "Corpsman" who has completed procedure and repeat procedure as outlined.
  - g) Patient will remain seated with arm resting on a flat, level surface, palm up.
- 1) Directions to instructor:
    - a) Primary instructor will talk "Corpsmen" through exercise and check readings.
    - b) Assistant instructor will supervise trainees in carrying out instructions and check readings.
  - 2) Conduct exercise.

BREAK - 10 minutes

NOTE: Fourth Hour

- (e) Practical Exercise (continued) (48 min)
  - 1 Trainees who were "Patients" the preceding hour will be "Corpsmen" this hour.
  - 2 Practical exercise will be conducted as outlined in para (d) above.
- (f) Summary (2 min).

f. Diagnostic Tests (2 hr ): (LP 325-14-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-B-1 (Time - 85:28).

Chalkboard, chalk, eraser.

When TV not available:

Two (2) tongue depressors, wood, unsterile.

One (1) bottle, urine specimen, unsterile.

One (1) stopper, cardboard, urine specimen, bottle, unsterile.

One (1) bottle, urine specimen, simulated sterile with  
cardboard stopper.

Two (2) elastic bands.

One (1) pencil, wax, black.

One (1) bottle, screw type, wide mouth, round 130 ml.

One (1) cup, sputum, cardboard.

Five (5) vu-graphs laboratory slips, non-standard 514 A,  
514 H, 514 G, 514 K, 514 M.

One (1) overhead projector.

Based on eighty (80) trainees:

One (1) SF 514a per trainee.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Textbook of the Principles and Practice of Nursing.

(5) Training Objectives:

Trainee will know the common diagnostic tests ordered by Dispensary Physicians and the corpsman's duties involving:

- (a) Filling out the request slips.
- (b) Instructing the patient and obtaining the specimen.
- (c) Care of the specimen.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-B-1, show it in appropriate sequence and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

(a) Introduction (2 min)

Cover scope, reason, and importance.

(b) Explanation and Demonstration (95 min).

1 Definition of Diagnostic Tests.

2 How the test is done.

(c) Common tests in which the corpsman assists and his role in them.

1 Urine tests.

NOTE: Give each trainee one SF 514a to be filled out as instructor fills out his.

a Procedure for collecting urine specimens.

\*HumRRO-MTC produced.



NOTE: Show Vu-graph of Standard Form 514a. Instructor makes entries with 'grease pencil' as each item is described.

1) Routine urinalysis.

NOTE: Show urine specimen bottle and stopper.

2) Clean catch specimen for urinalysis.

3) Mid-stream specimen for urinalysis.

b Care of the specimen after obtaining.

c Clinitest.

1) Procedure.

NOTE: Demonstrate each step.

NOTE: Show Clinitest Chart and explain.

SECOND HOUR

2 Blood tests.

a Procedure for collecting blood specimens.

NOTE: Show Vu-graph of Standard Form 514 B with heading already filled out.

3 Sputum tests.

a Procedure for collecting sputum specimens.

NOTE: Show specimen jar or cup and explain.

4 Test on stool specimens.

a Procedure for collecting stool specimen.

NOTE: Show Vu-graph of Standard Form 514 G with heading filled out.

NOTE: Show cardboard container and tongue depressor as discussed.

5 Cultures.

NOTE: Show equipment as procedure is described.

a Procedures.

NOTE: Show Vu-graph of Standard Form 514 K with heading filled out.

6 Smears.

a Procedure for obtaining smears.

NOTE: Show Vu-graph of Standard Form 514 M with heading filled out.

7 Time test - Intradermal test for tuberculin sensitivity.

a Procedures.

8 X-rays.

a Upper GI series.

b Gall bladder series.

c Barium enema.

d Lumbar puncture.

(d) Summary (3 min).

g. Sterile Technique (4 hrs) (LP 325-15)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

NOTE: The following equipment is based on eighty-five (85) trainees per class.

Chalkboard, chalk and eraser.

Two (2) tables, folding, field.

One (1) slapboard.

Eighteen (18) tables, machine

Two (2) wastebaskets

Two (2) tray, instrument CRM,  $15\frac{1}{2} \times 9\frac{1}{2}$  inches

Two (2) jar, surgical dressing CMG

Two (2) jar, surgical dressing, glass

Twelve (12) jars forcep CRS,  $7 \frac{5}{8} \times 2 \frac{1}{8}$  inches

Twelve (12) forceps pads, holding sponge  $9\frac{1}{2}$ "

One (1) water pitcher CRM  $3\frac{1}{2}$  qt

One (1) set of magnetized cards with following terms for use on chalkboard:

Definition

Sunlight and fresh air

Destruction of microorganisms

Principles of sterile technique

Boiling

Chemicals

Microorganisms

Baking

Sterile

Steam under pressure

Technique

Burning

Sterile technique

Wash hands thoroughly

Contaminated

Use only sterile

Disinfection (two of each)

Keep equipment sterile

Sterilization (two of each)

Chart of transfer forceps in container

Sterile field

Towel (training aid) sterile field

Mechanical cleaning

Twenty four (24) jars, surgical dressing, CRS,  
containing eight (8) towels each

Twelve (12) jars, surgical dressing, CRS, containing  
gauze, surgical, 4" x 4" (simulated sterile)

Twelve (12) jars, glass, containing applicators, cotton  
tipped (simulated sterile)

Two-hundred (200) forceps, hemostatic (individually  
wrapped, simulated sterile)

One (1) tray, non-standard, containing ninety-six (96) towels (folded for simulated sterile).

One (1) wrapper

Four (4) packages paper towels

\*MTC TV Tape 325-15 (Time - 58:19)

(3) Training Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230 (Aug 1950), para 479-483, 491, 498-508, 510;

Perkings, John J. Principles and Methods of Sterilization,

Charles C. Thomas. Publisher, Springfield, Ill., 1956,

pp 33-43, 196-219;

Harmer, Bertha and Henderson, Virginia. Textbook of the Principles and Practice of Nursing, 5th Ed., The MacMillan Co., New York, 1955, pp 229-257;

New York State Department of Health and the American Public Health Association, Guide for the Prevention and Control of Infections in Hospitals, Health Education Service, Albany, New York, 1958, pp 34-35.

(5) Training Objectives:

- (a) Trainee will know that the environment in which the patient lives and the equipment used for his care is prepared to eliminate the greatest number of microorganisms; and that to do this, a method of disinfection and/or sterilization is selected on the basis of type of article and available facilities.

- (b) Trainee will know that sterile technique includes those things done to carry out a procedure without the introduction of microorganisms, and that its purpose is to prevent infection.
- (c) Trainee will know that the procedures requiring the practice of sterile technique demand strict attention to hand washing, using only sterile equipment, keeping equipment sterile.
- (d) Trainee will know that when handling sterile equipment, it is of utmost importance that the corpsman be alert to recognize contamination and take corrective action for the safety of the patient.
- (e) Trainee will know that when sterile articles come in contact with articles not sterile, they become contaminated; and that it is imperative that the corpsman recognize those parts of an article which can be considered sterile.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*MTC 325-15, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(a) Introduction (2 min)

Cover scope, reason, and importance.

(b) Explanation and Demonstration (46 min).

1 Review "Infection, Antisepsis and Sterilization."

NOTE: Place card with the following words and/or phrases on slapboard as it is introduced.

2 Definitions:

Microorganisms, Sterile, Technique, Sterile Technique, Contaminated, Disinfection, Sterilization, Sterile field.

3 Destruction of microorganisms.

a Disinfection

- 1) Mechanical cleaning
- 2) Sunlight and fresh air
- 3) Boiling
- 4) Chemicals
- 5) Baking (hot air over)

b Sterilization

- 1) Steam under pressure (autoclave), burning.

NOTE: Remove cards from slapboard.

4 Principles of sterile technique.

(c) Summary (2 min).

BREAK - 10 minutes

NOTE: Set up field table on platform with the following sterile equipment:

1. Container with transfer forceps in disinfecting solution.
2. Covered container with towels.
3. Covered container with 4 x 4 gauze squares.
4. Jar (with lid) with cotton-tipped applicators.
5. Three (3) wrapped instruments.

SECOND HOUR - Sterile Technique Demonstration, Conference and Demonstration.

(d) Introduction (2 min)

(e) Explanation and demonstration (46 min)

1 Identification and handling of sterile articles.

a Transfer forceps.

NOTE: Demonstrate.

b Covered containers with sterile items (towels  
4 x 4s, applicators).

NOTE: Demonstrate.

c Wrapped sterile instruments.

NOTE: Demonstrate.

2 Setting up and placing sterile articles on the  
sterile field.

a Important points.

b Procedure.

1) Wash hands.

2) Assemble equipment.

3) Prepare sterile field.

NOTE: Demonstrate. (At end of demonstration of sterile technique,  
have one trainee do a return demonstration.)

4) Place sterile articles on sterile field.

5) Cover sterile field.

NOTE: Demonstrate.

6) Uncover sterile field.



NOTE: Demonstrate.

3 Supervised exercise by trainee.

(f) Summary (2 min).

BREAK - 10 minutes

THIRD HOUR - Setting up a sterile field.

(g) Application (Practical Exercise) (50 min)

1 General plan.

a Arrangement of trainees and materials.

b Requirements.

1) Trainee "corpsmen" practice handling transfer forceps, set up a sterile field, lay out sterile items and cover field.

2) Trainee "observers" watch procedures performed closely and note "breaks in technique."

2 Directions to trainees.

a Trainees take sets in chairs.

b Trainee "corpsmen" takes place in front of table to do procedure.

c Trainee "observers" watch technique and call attention to any errors.

d Trainees rotate until each one has done procedure.

3 Instructor activities.

a Supervise trainee "corpsman" closely while doing procedure.

b Conduct practice in use of transfer forceps.

c Give step-by-step instructions for:

- 1) Setting up a sterile field.
  - a) Place one (1) towel on table.
  - b) Unwrap sterile instrument and place on lower right hand corner of towel.
  - c) Remove one (1) applicator from jar and place next to instrument.
  - d) Remove one (1) gauze square (4 x 4) and place next to applicator.
- 2) Cover sterile field with second towel.
- 3) Uncover sterile set up.
- 4) Strip sterile field and place equipment to designated area.

d After first group of trainees have performed procedure permit those remaining to do procedure at own rate of speed.

4 Conduct the practical exercise (45 min)

BREAK - 10 minutes

FOURTH HOUR - Setting up a sterile field and review.

(h) Application (continued) (Practical Exercise - 45 min)

1 Conduct the practical exercise.

- a Continue the practical exercise as outlined in 3rd hour.
- b Allow trainees to repeat procedure as many times as time permit.

NOTE: At end of fourth hour, empty, clean and dry forcep jars. Place twelve (12) forcep jars with forceps on table and cover with 36" x 26" wrapper.

(1) Summary (5 min).

h. Surgical Dressings I (2 hrs) (LP 325-24)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

\*MTC TV Tape 325-24 (Time - 30:18)

NOTE: Based on maximum of forty (40) trainees.

One (1) chalkboard and eraser.

One (1) table, laboratory.

One (1) table, machine.

One (1) wastebasket.

One (1) metal folding chair (for patient),

One (1) cart, surgical dressing, containing:

One (1) jar, surgical dressing containing pads,  
gauze, surgical. 4 x 4 in, sterile simulated.

One (1) jar, surgical dressing, containing pads,  
gauze, surgical 4 x 8 in, sterile simulated.

One (1) bottle, hydrogen peroxide solution, simulated 8 oz.

One (1) scissors, bandages, 7- $\frac{1}{2}$  inches.

One (1) tray CRS, Medicine, 5/8 x 12 x 18 inches.

One (1) jar, surgical dressing, containing towel, hand  
sterile, simulated.

One (1) jar, surgical dressing, containing ABD pads,  
sterile simulated.

One (1) package (100 gauze, 4" x 4").

\*MTC produced.

One (1) package (100 gauze, surgical, 4 x 8 inches).

One (1) moulage, infected wound.

One (1) tube, lubricant, surgical.

One (1) roll masking tape, 1 inch.

Four (4) sheets newspaper.

One (1) rubber sheet square, 18 x 18 inches.

One (1) 1000 cc bottle, containing simulated normal  
saline, simulated sterile.

One (1) package paper towels.

One (1) emesis basin, sterile simulated.

Two (2) dressing set, sterile simulated, made up with:

One (1) wrapper, sterilization, 24" x 24" wrapper.

Two (2) forceps, (Large Kelly).

Eight (8) 4" x 4" gauze sponge.

One (1) ABD pad.

One (1) jar, forceps, 7-5/8."

One (1) forceps, gauze pad holding, straight.

Forty (40) handouts 325-24-1, Surgical dressing procedures.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230 (May 1961) Sec XIII, Chap 9, para 429-437, pp 323-332;  
Medical Department, USN, Handbook of the Hospital Corps,  
June 1959, United States Navy, Chap IV, pp 133-139; Price,  
Alice L., The Art, Science, and Spirit of Nursing, 1959,  
Chap 32, pp 566-584; Sutton, Bedside Nursing Techniques,

Philadelphia, W. A. Saunders Co., 1964, pp 96-99; Harmer & Henderson, Textbook of Principles and Practices of Nursing, N.Y., MacMillan Co., 5th Edition, 1960, pp 966-976.

(5) Training Objectives:

- (a) Trainee will know that a clean wound can become infected when changing a dressing on the wound by using poor dressing technique (improper sterile technique, etc.).
- (b) Trainee will know that a pressure dressing is generally used when there is danger of bleeding.
- (c) Trainee will know principles of aseptic technique must be followed when using the dressing cart because, if improperly used, it can spread infection from one patient to another.
- (d) Trainee will know that, if the transfer forceps accidentally comes in contact with a clean sheet on the patient's bed while corpsman is changing a dressing, the transfer forceps should be removed from cart and a sterile replacement obtained.
- (e) Trainee will know that the doctor or nurse must be notified immediately if any article of the sterile field becomes contaminated and that a new sterile field must be "set up."
- (f) Trainee will know that the purposes of reinforcing a dressing are to provide more dressing to provide pressure to prevent hemorrhage.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration

NOTE: If TV facilities are available, instructors review TV Tape \*MTC 325-24, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(a) Introduction (2 min).

Cover scope, reason, and importance.

(b) Explanation and demonstration (48 min).

Discuss and demonstrate as appropriate.

NOTE: Distribute handout M 325-24-1.

1 Definition of surgical dressing.

2 Purposes of dressings.

3 Definition of wound.

4 General rules to be observed whenever changing a dressing.

5 Equipment for changing a dressing.

6 Procedure for using the dressing cart at the patient unit. (Demonstrate while dressing a wound.)

NOTE: Primary instructor will explicitly describe all steps in procedures as secondary carries out role of person who changes the dressing.

7 Summary of demonstrations.

INSTRUCTOR NOTE: At rest break: 1. Place moulage on lower right forearm with wound on radial surface.

2. Secure with masking tape.

3. Place surgical lubricant on 4 x 4s to simulate drainage.
4. Cover with ABD pad and secure with adhesive.

BREAK - 10 minutes.

SECOND HOUR

(b) Explanation and Demonstration (continued) (48 min).

8 Procedure: Reinforce a dressing.

a Definition.

b Procedure.

NOTE: Assistant instructor acts as the "demonstrator."

9 Individual dressing tray method.

a When working alone, the person must obtain all equipment before starting procedure.

b A sterile field must be set up on a tray and taken to the bedside.

10 Procedure: An irrigation and dressing change of an infected draining wound.

a Define irrigation.

NOTE: Primary instructor explains each step as assistant carries out procedure.

b Demonstration.

(c) Summary (2 min).



i. Methods of Sterilization and Disinfection (4 hrs) (LP 325-23)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

\*H-MTC TV Tape 4-A-9 (Time - 73:49).

FIRST, SECOND AND THIRD HOURS:

NOTE: Based on maximum of forty-five (45) trainees.

One (1) chalkboard, chalk and eraser

Ten (10) tables, laboratory

Three (3) tables, field

Two (2) wastebaskets

One (1) distilled water - 5 gallon jug

Four (4) tape indicator dispensers (tape for dispenser to  
be issued for supply by CMS)

Twelve (12) basins, CRS, 4 $\frac{1}{2}$  quart

One (1) chart 325-23-1, 2cc syringe (non-standard)

One (1) chart 325-23-1, 1cc syringe (non-standard)

Consolidated list from CMS (1st, 2d and 3d hours):

Sixty-two (62) needles, hypodermic, 23 gauge, 3/4"

One hundred twenty-two (122) tubes, glass protective needles.

Sixty (60) syringes, Luer, 1cc

One hundred seventy (170) wrappers, muslin, 12" x 12"

Three (3) wrappers, muslin - 36" x 36"

Eighteen (18) muslin - 24" x 24"

Eight (8) wrappers, paper (double thickness) 24" x 24"

Two (2) pkg (100) gauze, surgical, 2 x 2 inches

Three (3) pkg (100) gauze, surgical, 4 x 4 inches

Fifty (50) forceps, hemostat

One (1) scissors, bandage, 7½ inches

Four (4) pkg applicators, wood, cotton tipped

Four (4) paper sacks, cotton balls, 1½ inch

Twenty-five (25) ABD pads

Twelve (12) pencils, black lead #2

Four (4) pkgs Hamesol powder (½ oz)

Seventeen (17) towels, hand

One (1) roll, twine, white, cotton

Two (2) pkg, towels, paper

Six (6) rags, cleaning

Five (5) sponges, 4 x 6 x 2 inches

Two (2) wire basket, test tube 6 x 6 inches

Forty-five (45) Mimeo M 325-23-1

Three (3) Diack Control

Per Trainee:

One (1) mimeo M 325-23-1

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230 (May 1961), para 422-427; TM 8-275 (Feb 1952),

para 135, 138-142, 152-159, 168, 173-174, 177-187;

DA Circular 40-. (13 Jan 60); Handbook of the Hospital

Corps, United States Navy, Jun 59, Chap IV, pp 156-161;

Harmer, Bertha and Henderson, Virginia: Textbook of the Principles and Practice of Nursing, 4th Ed., (Revised), 1957, The MacMillan Co., N.Y., pp 186-187, 229-257.

(5) Training Objectives:

- (a) Trainee will know that sterilization is a process whereby all microorganisms are destroyed; that disinfection is a process by which pathogenic organisms are destroyed.
- (b) Trainee will know that antiseptics inhibit the growth of microorganisms and the disinfectants destroy infectious microorganisms.
- (c) Trainee will know that microorganisms can enter a wound, grow and cause infection and disease.
- (d) Trainee will know that medical personnel are responsible for safeguarding the patient from harmful microorganisms by using aseptic or sterile technique.
- (e) Trainee will know that steam under pressure (autoclave) is the ideal method of sterilization for most types of supplies and materials.
- (f) Trainee will know that boiling water will destroy most nonspore forming microorganisms, but will not destroy spores.
- (g) Trainee will know that effectiveness of chemical sterilization depends upon strength of solution and time of exposure.

- (h) Trainee will know that method of sterilization be used is determined by type of material being sterilized.
- (i) Trainee will know how to clean different types of supplies and materials for sterilization.
- (j) Trainee will know preferred procedures for wrapping and packing different types of materials for sterilization.
- (k) Trainee will know that the appearance of black marks on indicator tape indicates that the temperature in the inner chamber has reached the required degrees for sterilization, NOT that the article is sterile.
- (l) Trainee will know that, in an emergency, a metal instrument can be sterilized by heating in a flame until metal glows.
- (m) Trainee will know that packages are labeled before an autoclaving and are dated when removed from the autoclave.
- (n) Trainee will know how to time articles before disinfecting in chemical solutions.
- (o) Trainee will know that properly applied principles of sterilization and disinfection aid in preventing the spread of disease and infection.
- (p) Trainee will know that sterilizers of the boiling type will NOT be used in the Army Medical Service to prepare items of equipment to be used in patient care where it is essential that the item be sterile or completely free of microorganisms.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-A-9, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

(a) Introduction (2 min)

Cover scope, reason, and importance.

(b) Demonstration and Application, 1st Hour (48 min)

NOTE: Distribute one (1) M 325-23-1 to each trainee before hand washing.

1 General plan

- a Explain work units - assign supply man for each unit - assign work number to trainees at each work unit. Instruct trainee supply men and trainee #4 to wash hands.

NOTE: Assistant instructor checks that supply men and trainee #4 for each section has washed hands before remaining trainees are allowed in latrine.

- b Instruct the remaining trainees to wash hands, when the above trainees have returned to work area.

2 Direct trainees as follows:

- a Trainee #4 fills basin one half full of distilled water and returns it to work unit.
- b Supply man obtains unit work box, 4 hand towels and cotton balls.

\*HumRRO-MTC produced.

- 1) Place sponge with needles and cotton-tipped applicators and 3 - 2cc syringes by basin #1.
- 2) Place one folded towel under each basin to extend to one side to act as pad for needles.
- 3) Place all constrictor tubes, package of cotton balls on opened towel in front of Trainee #6.
- 4) Place Hamesol powder - one packet - in basin #1.
- 5) Return unit work box to supply area.

NOTE: Instructor demonstrates how to clean syringes for processing needles. The supply man at each unit prepares the syringes for processing the needles and places a cleaned 2cc syringe by each basin.

3 Directions to instructor.

- a Demonstrate - cleaning, inspecting and packing needles.

NOTE: Use large model needle.

- 1) Description.

EXAMPLE: Compare the gauge of the needle to the gauge of a shotgun.

- 2) Inspection of needles.

NOTE: Use large model.

- 3) Cleaning.

NOTE: Use actual needle.

- 4) Packing needles.

NOTE: Use actual needles.

- b Supervise trainees performing individual jobs at work units.

4 Instructions to trainees.

- a Trainee #1 cleans hubs of needles.
- b Trainee #2 washes needles with cleaning solution.
- c Trainee #3 rinses needles with tap water.
- d Trainee #4 rinses needles with distilled water.
- e Trainee #5 and 6 inspect needles for hooks and burrs, place in constrictor tubes and sort according to size.
- f Remaining trainees can be distributed throughout work area as desired.
- g Supply man from Unit #2 and 3 collect needles.

NOTE: Instructors secure and label packages.

INSTRUCT TRAINEES TO WASH HANDS AT END OF BREAK BEFORE RETURNING TO CLASSROOM.

BREAK - 10 MINUTES

SECOND HOUR - Demonstration and Application: (Continued). Parts of a syringe and how to prepare the syringe for sterilization (50 minutes).

NOTE: Trainees seated.

(c) Demonstration and Application.

1 General plan.

- a Arrangement of room: trainee work units.

- b Activities in order of sequence.

- 1) Direct supply men to place the following syringes on their work area: 27 - 2 cc syringes; 14 - 1cc syringes.

- 2) Direct corpsman #1 to pass a 2cc syringe and a 1cc syringe to each trainee at his work unit.

2 Description of syringe.

NOTE: Use large model.

a Parts.

3 How to read a 2cc syringe.

- NOTES:
1. Demonstrate how to hold syringe using large model.
  2. Use chart to show the trainee how to read the syringe.
  3. Instructor demonstrates - trainee see-do.

4 How to read a 1cc syringe (tuberculin syringe).

NOTE: Use chart to show the trainee how to read the 1cc syringe.

5 Cleaning.

NOTE: Use actual syringe.

6 Inspection of syringes.

7 Directions to instructors.

- a Supervise trainees performing individual jobs at work unit.

- b Replace defective equipment as required.

8 Instructions to trainees.

- a Trainee #1 clean barrel of syringe with cotton-tipped applicator.

- b Trainee #2 washes syringes in cleaning solution.

- c Trainee #3 rinses syringes with tap water.



d Trainee #4 rinses syringes with distilled water.

e Trainee #5 and #6 inspect syringes.

NOTE: Each work unit should have 27 - 2cc syringes and 14 - 1cc syringes.

NOTE: Demonstrate with concurrent performance wrapping of 2cc and 1cc syringe. Secondary instructor supervises trainee performance.

Use large model.

f Wrapping a 1cc syringe.

NOTES: 1. Instructor demonstrates, trainees follow steps with instructor.

2. Have trainees wrap remainder of 1cc syringes with supervision.

g Supervise trainees performing individual job  
at work units.

NOTE: Instructor will wrap the multiple syringe packs.

NOTE: Explain placement of Diack in center of package.

NOTE: Instructor writes class number and up or down, whichever is  
applicable on package.

BREAK - 10 minutes

THIRD HOUR - Demonstration and Application: (Continued) Completion of  
syringe and needle sets and preparation of dressings used in  
care of wound patients (50 minutes).

(d) Demonstration and Application (continued).

1 General plan.

a Arrangement of room, trainee work units.

b Activities in order of sequence:

- 1) Direct supply men to place the following  
equipment on their work area:

- a) Four (4) muslin wrappers, 24 x 24"
  - b) Two (2) double paper wrappers, 24 x 24"
  - c) Six (6) ABD pads
  - d) Forty-eight (48) 4 x 4 gauze squares
  - e) Twelve (12) forceps
  - f) Two (2) pencils
- 2) Trainees #1, 2, 3 and 4 stand at work unit to wrap the muslin dressing set.
  - 3) Trainees #5 and #6 stand at work unit to wrap the paper wrapped dressing set.

NOTE: Demonstrate with concurrent performance the wrapping of a dressing set. Secondary instructor supervises trainee performance.

2 Questions and answers.

NOTE: Use Mimeo M 325-23-1 to summarize parts of equipment.

BREAK - 10 MINUTES

FOURTH HOUR - Methods of Sterilization (Continued) (45 min)

- (e) Explanation and Demonstration, need for sterilization and disinfection equipment and the various methods that can be utilized.

1 Discovery and study of microorganisms.

NOTE: Recall - sterile technique definition from Sterile Technique lesson.

2 Characteristics of microorganisms.

3 Preventive measures - to combat infection.

NOTE: Explain: Term "sterilization" is used here in its broadest sense and not in the strict definition of the word.

- 4 Responsibility of medical personnel for destruction of harmful microorganisms BEFORE they enter the body, understanding and applying the best techniques, perfect aseptic technique.

5 Methods of sterilization and disinfection.

NOTE: Demonstrate each process as it is explained.

a Boiling.

NOTE: Use electric instrument sterilizer and one (1) instrument to demonstrate.

NOTE: Show field sterilizer, point out parts, do not demonstrate.

NOTE: Demonstrate each step of removing the instrument that is boiling.

Use simulated "sterile" towel for sterile field.

b Chemical.

c Baking.

d Burning.

e Autoclave.

- 1) Preparation area.
- 2) Description of autoclave.
- 3) Loading the autoclave.
- 4) Use of controls.
- 5) Unloading of autoclave.
- 6) Storing of autoclaved supplies.

(f) Summary (5 min).

j. Administration of Subcutaneous Injections. (2 hrs) (LP 325-7-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-D-1 (Time - 17:19).

NOTE: Based on a maximum of eighty (80) trainees.

One (1) chalkboard, chalk, and eraser.

Eight (8) tables, folding, field.

Four (4) containers, waste.

Six (6) wrappers, muslin (36 x 36).

Two (2) packages, paper towels.

One (1) box, ammonia, inhalant solution, aromatic, ampules,

1/3cc, 10s.

One (1) towel, hand.

Four (4) rags, cleaning.

One (1) basin, wash, 4½ quart.

One (1) bottle alcohol, 70%, 1000cc each.

Eight (8) vials, normal saline, 30cc, sterile.

One (1) jar, 8 oz, rubber bands.

One (1) sponge (to hold needles for return to CMS).

One (1) package, cotton-tipped applicators.

Ten (10) jars, needle, containing 2 x 2 gauze sponges, sterile.

Ninety (90) 2cc syringes, re-usable sterile.

Ninety (90) needles, 23 gauge, sterile.

\*HumRRO-MTC produced.

Equipment for talk-through demonstration - simulated sterile.

Eighty (80) practice sponges.

Eighty (80) wrapped syringes.

Eighty (80) needles in constrictor tubes.

Eighty (80) vials (30cc) normal saline (used).

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Textbook of the Principles and Practice of Nursing.

(5) Training Objectives:

Trainee will correctly prepare and give a subcutaneous injection.

(6) Lesson Outline:

NOTE: Instructional Method: Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-D-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

(a) Introduction (2 min)

Cover scope, reason and importance.

(b) Explanation.

1 Criteria for choice of injection technique.

2 Equipment used in all injection techniques.

\*HumRRO-MTC produced.

- 3 Storage of medication.
- 4 Handling syrettes or syringe.
- (c) Explanation and demonstration of subcutaneous injection.
  - 1 Definition.
  - 2 Purposes.
  - 3 Sites of injection.
  - 4 Equipment used.
  - 5 Subcutaneous injection: Talk-through demonstration.

NOTE: Trainees seated at tables. Provide each trainee with complete set of necessary injection equipment. Trainees are instructed to carry out each step immediately following instructors demonstration of the step. AIs circulate among their respective groups and correct as needed.

- a Prepare syringe, needle, and medication.
- b Administer the subcutaneous injection.

NOTE: Obtain trainee to act as patient for demonstration.

- c Care of the equipment.
- d Record the procedure.
- (d) Practical exercise.
  - 1 Directions to instructors.
    - a Have trainees count off 1-2, 1-2.
    - b Direct four trainees to each work area.
      - 1) Have trainee #1 do procedure first.
      - 2) Have trainee #2 prepare medication while trainee #1 is cleaning his equipment.
      - 3) Have trainee #2 give injection to trainee #1.

- c Supervise trainees in preparation and administration of the injection and cleaning and caring for equipment.

2 Directions to trainees:

- a Each trainee will prepare and give a subcutaneous injection.
- b Remove fatigue jackets and wash hands.
- c Go to work area as instructed.
- d Prepare 0.5 ( $\frac{1}{2}$ ) cc of medication (normal saline).
- e Give injection.
- f Clean and place equipment in designated areas.

(e) Summary (3 min).

k. Administration of Intramuscular Injections. (2 hrs) (LP 325-8-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-D-2 (Time - 11:35).

NOTE: Based on maximum of eighty (80) trainees.

One (1) chalkboard, chalk, eraser.

Eight (8) tables, folding, field.

Four (4) containers, waste.

Six (6) wrappers, muslin, 36" x 36"

Two (2) pkgs, paper, towels

One (1) towel, hand

Four (4) rags, cleaning

One (1) basin, wash, 4½ quart

One (1) bottle, alcohol, 70%, 1000cc each

Eight (8) vials, normal saline, 3cc, sterile.

One (1) jar, 8 oz, rubber bands.

One (1) sponge (for needles to be returned to CMS)

One (1) pkg cotton-tipped applicators

Ten (10) jars, needle, containing 2 x 2 gauze sponges, sterile

Ninety (90) 2cc syringes, sterile, re-useable

Ninety (90) 22 gauge needles, sterile

Equipment for practice - simulated sterile.

Eighty (80) practice sponges

\*HumRRO-MTC produced.



Eighty (80) wrapped syringes

Eighty (80) needles in constrictor tubes

Eighty (80) vials (30cc) normal saline (used)

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Textbook of the Principles and Practices of Nursing.

(5) Training Objectives:

Trainee will correctly prepare and give an intramuscular injection.

(6) Lesson Outline:

NOTE: Instructional Method: Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-D-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

(a) Introduction (2 min).

Cover scope, reason and importance.

(b) Presentation.

NOTE: Give one covered sponge, needle, syringe and vial of n/s to each trainee.

1 Definition.

2 Purposes.

\*HumRRO-MTC produced.

3 Sites of injection.

4 Equipment.

(c) Talk-through demonstration.

NOTE: Provide each trainee with necessary practice injection equipment.

1 Preparation.

NOTE: Obtain trainee to act as "Patient" for demonstration.

2 Administration.

3 Care of equipment.

4 Record.

(d) Practical Exercise.

1 Direction to instructors - same as for subcutaneous injections.

2 Directions to trainees - same as for subcutaneous injections.

(e) Summary (3 min).

1. Administration of Intradermal Injections (2 hrs) (LP 325-9-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-D-3 (Time - 16:00)

NOTE: Based on maximum of eighty (80) trainees.

One (1) chalkboard, chalk and eraser.

Two (2) tables, folding, field.

Four (4) containers, waste.

Six (6) wrappers, muslin, 36 x 36.

Two (2) pkg, paper towels.

One (1) box, ammonia, inhalant solution, aromatic, ampules,  
1/3cc, 10s.

One (1) towel, hand.

Four (4) rags, cleaning.

Four (4) paper bags.

One (1) bottle, alcohol, 70%, 1000cc each.

Eight (8) vials, normal saline 30cc, sterile.

Ten (10) jars, needle, containing 2 x 2 gauze sponges or  
cotton balls, sterile.

Ninety (90) Tuberculin, 1cc, disposable, sterile.

Ninety (90) hypodermic, disposable, 25 gauge, 5/8 inch.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

\*HumRRO-MTC produced.

(4) References:

Textbook of the Principles of Practices of Nursing.

(5) Training Objectives:

Trainee will correctly prepare and give an intradermal injection.

(6) Lesson Outline:

NOTE: Instructional Method: Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape  
\*H-MTC 2-D-3, show it in appropriate sequence, and adjust the  
remainder of the instruction accordingly.

NOTE: There will be a 10-minute break at the end of each 50 minutes  
period of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

(a) Introduction.

Cover scope, reason, and importance.

(b) Presentation.

1 Definition - intradermal injection.

2 Purposes.

3 Sites used.

4 Equipment.

(c) Demonstration.

1 Preparation.

NOTE: Obtain trainee to act as "Patient."

2 Administration.

3 Care of equipment.

4 Special points.

\*HumRRO-MTC produced.

(d) Practical Exercise.

- 1 Directions to instructors - same as for subcutaneous injections.
- 2 Directions to trainees - same as for subcutaneous injections.

(e) Summary (3 min).

m. Army Immunization Program (1 hr) (LP 325-12-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-E-1 (Time - 41:32).

Chalkboard, chalk, eraser.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

AR 40-562; TB MED 114.

(5) Training Objectives:

Trainee will know the principles and importance of the  
Army Immunization Program.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
2-E-1, show it in appropriate sequence, and adjust the remainder of  
the instruction accordingly.

NOTE: 45 minutes will be allotted to the instructional material itself.

(a) Introduction (2 min).

Cover scope, reason, and importance.

(b) Explanation.

1 Purposes.

2 Critical terms.

\*HumRRO-MTC produced.

a Pathogens.

b Toxins.

c Antibodies.

d Antigens.

3 Types of immunity.

a Active immunity.

1) Active immunizing agents.

2) Routine active immunizing agents of the  
Armed Forces.

a) Yellow Fever vaccine.

b) Poliomyelitis vaccine.

c) Influenza vaccine.

d) Typhoid-paratyphoid vaccine.

e) Typhus vaccine.

f) Cholera vaccine.

g) Tetanus and diphtheria toxoids.

h) Smallpox vaccine.

b Passive Immunity.

1) Types of passive immunizing agents.

2) Storage and handling of immunizing agents.

3) Army Regulation 40-562 requirements.

4 Recording of immunizations.

5 Precautions to be observed.

(c) Summary (3 min).

n. Smallpox Vaccination Procedure (2 hrs) (LP 325-13-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-E-2 (Time - 15:34)

NOTE: Based on maximum of eighty (80) trainees.

One (1) projector, 35mm slide.

Three (3) 35mm slides, 2-E-2-2, 2-E-2-4, 2-E-2-6.

One (1) chalkboard, chalk, eraser.

Three (3) containers, waste.

Five (5) tables, field.

Four (4) trays, covered, CRS, 8 x 5 x 2"

Two (2) packages towels, paper.

Two (2) boxes ammonia, inhalant solution, aromatic,  
ampules 1/3cc, 10's.

Five (5) hand towels.

Four (4) jars, wide-mouth with screw tops.

Eighty-five (85) needles, sterile, for smallpox vaccination.

Ten (10) jars, needle, with sterile cotton balls.

One (1) tray containing emergency equipment:

One (1) 2cc syringe, sterile.

One (1) vial adrenalin 1:1000.

One (1) 20 gauge needle, sterile.

One (1) tourniquet.

\*HumRRO-MTC produced.



Four (4) bottles normal saline solution, sterile, labeled

"Simulated Smallpox Vaccine."

Four (4) cleaning rags.

If TV is unavailable One (1) Vu-graph projector and

Vu-graph of DD 737.

Four (4) cleaning rags.

If TV is unavailable, One (1) Vu-graph projector and

Vu-graph of DD 737.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TB MED 114; Brochure enclosed with smallpox vaccine.

(5) Training Objectives:

Trainee will administer, and know how to interpret, a smallpox vaccination.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration and P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-E-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each 50 minute period of instruction.

NOTE: 95 minutes will be allotted for instructional material itself.

(a) Introduction (2 min)

Cover scope, reason, and importance.

\*HumRRO-MTC produced.

(b) Explanation.

1 Essentials of a successful smallpox vaccination.

- a Use of potent vaccine.
- b Proper preparation of the site.
- c Correct multiple pressure technique.
- d Recording vaccination properly.
- e Reading vaccination reaction on the specified day.
- f Recording resulting reaction properly at time of reading on the proper form.

2 Equipment.

NOTE: Normal saline solution labeled "simulated smallpox vaccine" will be used for this class.

3 Demonstration.

NOTE: Select trainee to serve as patient.

- a Prepare patient.
- b Reconstitute vaccine.

NOTE: This step will be done only on TV tape. Instruct trainees to read and follow brochure when class is taught live.

- c Prepare site.
- d Administer vaccine.
- e Instruct patient.
- f Record vaccination on DD 737 and SF 601 (must be authenticated by signature of medical officer).

NOTE: Show Vu-graph of smallpox of DD 737.

- g Care of equipment.

(c) Practical Exercise.

1 Instructor activities.

- a Class will be divided into four groups with an instructor for each group for supervision.
- b Have class count off one, two; one, two.
- c Have at least five #1 trainees and five #2 trainees form two lines.
- d As soon as the #1 trainee completes "vaccinating" #2 trainee, they will go to end of line and reverse roles.
- e Supervise each trainee in actual performance of vaccination by having columns move forward.
- f Continue with as many performances as remaining time in this hour permits. Remaining trainees will complete the procedure after the break.

2 Instruction to trainees.

- a All trainees remove jackets and wash hands.
- b Five #1 trainees and five #2 trainees from each group will take places at work tables.
- c Remaining trainees keep seats and observe procedure.
- d When both #1 and #2 trainees have completed the procedure, return to seats.

(d) Interpretation of smallpox reactions.

1 Primary reaction (vaccinia)

NOTE: Show Slide #2 and discuss.

2 Accelerated reaction (vaccinoid)

NOTE: Show Slide #4 and discuss.

3 Allergic (early or immediate) reaction.

NOTE: Show Slide #6 and discuss.

4 Negative reaction (no reaction).

5 Rules regarding interpretation and recording of reactions.

- (e) Review material dealing with preparation of the site, removing the needle from the multiple needle container, and the multiple pressure technique of vaccinating.

(May be done via TV tape when available).

- (f) Summary (3 min).

o. Intravenous Therapy Including Blood Transfusion. (4 hrs) (LP 325-11-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-F-2 (Time - 58:18)

NOTE: Based on maximum of eighty (80) trainees. All equipment simulated sterile.

Vu-graph: Showing SF 518 (Blood Request).

One (1) table, field, folding.

One (1) chalkboard, chalk and eraser.

Sixteen (16) tables, laboratory, folding.

Forty-one (41) stands, irrigating, CRS (or 81 IV stands, telescopic).

One (1) pail, CRS, 10-quart.

Eighty (80) arms, training, with tourniquet attached, non-standard.

Eighty (80) sodium chloride injection, USP, 1000cc, used  
(furnished by CMS as needed).

Forty-one (41) trays, preparation skin, each tray containing  
the following:

One (1) tray, instrument, CRS, 15½ x 9½ inches.

One (1) basin, emesis.

One (1) jar, surgical needle, filled with pad, gauze,  
surgical, 2 x 2 inches, dry.

\*HumRRO-MTC produced.

One-hundred-sixty-two (162) intravenous injection sets,  
disposable.

Two (2) sodium chloride, injection, USP, 1000cc, new.

One (1) needle, hypodermic, 18 gauge, 1½ inch, simulated  
sterile.

Two (2) blood recipient sets with plastic blood container  
with simulated blood.

One (1) Standard Form 518, blood transfusion.

Six (6) cleaning rags.

One (1) package, towels, paper.

Three (3) package, gauze, surgical, 2 x 2 inches.

Sixteen (16) rolls adhesive plaster, surgical, ½ inch.

One (1) per two (2) trainees: Checker's Checklist.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Textbook of the Principles and Practice of Nursing; TM-8-20;  
AFM 160-34; TM-8-230.

(5) Training Objectives:

- (a) Trainee will know that sterile technique must be maintained  
at all times in withdrawing blood from the veins or in-  
troducing fluids or medications into the vein.
- (b) Trainee will know that certain fluids, whole blood, and  
some medications can be administered by the intravenous  
method.

- (c) Trainee will know that blood transfusions are given to replace circulating blood volume lost as a result of hemorrhage, disease, or injury.
- (d) Trainee will know that the information on the Blood Transfusion Request Form must be checked with the information on the blood pack by two people immediately before starting the transfusion.
- (e) Trainee will know that blood must be the correct type and that fatalities can and do occur if the wrong type of blood is administered.
- (f) Trainee will know that the patient's TPR will be taken at the beginning and upon completion of the transfusion and at any time during or within a few hours following it, if untoward symptoms appear.
- (g) Trainee will know that the patient must be observed carefully for signs of transfusion reaction and that the transfusion may have to be discontinued immediately if reaction occurs.
- (h) Trainee will know that a physician will be informed if a reaction occurs and that any blood remaining in the unit will be returned to the laboratory if the transfusion is discontinued.
- (i) Trainee will know the correct method of cleansing the site of injection, application of the tourniquet, insertion of the needle, release of tourniquet when the needle has entered the vein, securing the needle at the site of the injection, and discontinuing the treatment.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, Application.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC-2-F-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each 50 minute period of instruction.

NOTE: 195 minutes will be allotted for instructional material itself.

NOTE: If TV not available, prior to class set up demonstration area with:

- a. Skin preparation tray.
- b. Two (2) unopened bottles of IV solution.
- c. Intravenous Injection Set, Disposable.
- d. Irrigating standard.

(a) Introduction (2 min).

Cover scope, reason, and importance.

(b) Explanation, Demonstration, Application.

1 Definitions.

- a Intravenous Infusion.
- b Intravenous Injection
- c Transfusion.

2 Purposes and commonly used solutions.

NOTE: The primary instructor will demonstrate each step of the procedure. Before going on to the next step, he will have each student perform the same step of the procedure.

3 Instructor activities:

\*HumRRO-MTC produced.



a Primary instructor will conduct the demonstration/  
application and the practical exercise.

b Assistant instructors will:

- 1) Supervise the issue, arrangement and return of equipment.
- 2) Supervise trainee participation in application phase and practical exercise.

4 Directions to trainees.

NOTE: Primary instructor will divide class by numbering trainees alternately one, two; one, two.

a #1 trainee's activities.

- 1) Obtain the following equipment from supply area:
  - a) Two model arms.
  - b) One skin preparation tray.
- 2) Arrangement of equipment at work unit.
  - a) Place model arm in front of self and #2 trainee.
    - 1) Place tubing in drainage bag.
    - b) Place skin preparation tray between self and #2 student.

b #2 trainee's activities.

- 1) Obtain two bottles of intravenous solution from supply area.
- 2) Place one bottle of solution in front of self and #1 student.

5 Conduct demonstration.

- a Preparation of equipment.
- b Explain procedure to patient.
- c Selection of site for injection.
- d Start infusion.

NOTE: 1. Regulate rate of flow.

2. An armboard may be needed and is secured with roller gauze or tape.

3. Clamp off tubing.

e Discontinue treatment.

6 Blood transfusion - Explanation and demonstration.

- a Purposes for which a transfusion may be ordered.
- b Procedure for administering blood.

NOTE: 1. Show Vu-graph of SF 518 (Blood Request).

2. An SF 518 is used for each unit (500 cc) of blood.

NOTE: Show and explain recipient set.

7 Nursing care during intravenous therapy.

- a Routine nursing care.
- b Special Nursing Care.
- c Complications.

(c) Practical Exercise.

1 Directions to instructors.

- a Trainees will be counted off (one, two; one, two) so they can work in pairs.
- b Supervise trainees as one sets up the intravenous bottle and the other checks the list of steps involved.

c Supervise the cleaning and returning of equipment to the proper areas.

2 Directions to trainees.

a #1 trainee will set up the IV infusion, start the IV and regulate the flow of solution.

b #2 trainee will have check-list of steps required in IV therapy and coach #1 trainee.

c After #1 trainee completes the procedure, the roles will be reversed.

(d) Clean up.

(e) Summary - (3 min).

p. Venipuncture (2 hrs) (LP 325-10-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 2-F-1 (Time - 12:19)

Based on eighty (80) trainees per class.

One (1) chalkboard, chalk and eraser.

Seven (7) tables, folding, field.

Four (4) containers, waste.

One (1) box, ammonia, inhalant solution, aromatic,  
ampules 1/3cc 10's.

Six (6) towels, hand.

Four (4) rags, cleaning.

One (1) bottle, alcohol 70%, 1000cc each.

Four (4) paper bags for discard of syringe and needle unit.

Two (2) each, 10cc syringe, simulated sterile.

Two (2) each, needle 21 gauge, simulated sterile.

Two (2) packages hand towels, paper.

Two (2) IV trainer, DVC 8-5.

Four (4) jars, needle, with 2 x 2 gauze sponges.

Eighty-six (86) syringes, 2½cc and needle 21 gauge, 1½ inches  
sterile, disposable.

Forty (40) tourniquets.

\*HumRRO-MTC produced.

Eighty (80) training arms with tourniquet attached.

Eighty (80) syringes and needles for venipuncture.

Forty (40) skin preparation trays.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Textbook of the Principles and Practice of Nursing Bedside  
Nursing Techniques.

(5) Training Objectives:

- (a) Trainee will know that the two main purposes of venipuncture are for administration of fluids and collection of blood.
- (b) Trainee will know that the purpose of the procedure and the condition of the patient determine the size of the needle and syringe used for the venipuncture.
- (c) Trainee will know that the advantages of using disposable syringes are for safety and economy.
- (d) Trainee will know that tourniquet ends should be placed towards the shoulder to be out of the way while performing the procedure.
- (e) Trainee will know that when inserting the needle to do the venipuncture, the angle of insertion is at  $30^{\circ}$ .
- (f) Trainee will know that the position of the bevel of the needle should be upward when performing a venipuncture.
- (g) Trainee will know that firm pressure should be applied after the needle has been removed to prevent bleeding.

- (h) Trainee will know that the reason the needle and syringe should be handled with care after a venipuncture has been performed is the possibility of serum hepatitis.
- (i) Trainee will know that the methods which can be utilized to distend veins if a tourniquet is not adequate are periodic clenching of fist, gentle slapping of area, or massaging area in direction of venous flow.
- (j) Trainee will properly perform the venipuncture procedure on another trainee.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 2-F-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each 50 minute period of instruction.

NOTE: 95 minutes will be allotted for instructional material itself.

NOTE: If TV not available: 1. Prior to class prepare training areas for demonstration.

2. Prepare a 10cc syringe and 21 gauge needle for each demonstration.

(a) Introduction (2 min)

Cover scope, reason, and importance.

(b) Explanation.

1 Definition.

2 Purposes.

3 Equipment needed.

- (c) Talk-through demonstration: Tourniquet application and location of veins.

NOTE: Distribute one tourniquet to each two trainees; pair off trainees into "A" and "B" team members.

1 Purposes of tourniquet.

2 Talk-through demonstration.

NOTE: Talk "A" team trainees through application of tourniquet and location of vein for injection site. "B" team members serve as patients. AIs circulate within their group and verify member A's work. After the A member has been checked, AI has "B" members apply to "A" members.

3 Selection of site.

- (d) Talk-through demonstration: Venipuncture Procedure.

NOTE: Distribute or have in place: One training arm with attached tourniquet per trainee; one syringe and needle per trainee; one skin preparation tray per two trainees and located between them.

NOTE: Use training arm, 10cc syringe and 21 gauge needle for demonstration; stop between steps to allow trainees to carry out step. AIs circulate within their own groups and check and correct as necessary.

NOTE: Explain that in an actual patient situation, the blood specimen would be sent to the laboratory.

NOTE: Explain that the syringe and needle must be rinsed in cold water immediately after use if re-useable syringe and needle are used to prevent blood from clotting.

(e) Practical Exercise.

1 Directions to instructors.

a Have trainees count off one, two; one, two.

Trainee will work in pairs - #1 trainee will perform venipuncture on #2 trainee, then the roles will be reversed.

b Each trainee will be supervised and assisted as necessary.

c After procedure is completed the needle is covered with the plastic sleeve and syringe and needle are returned to CMS.

2 Directions to trainees.

a All trainees will wash hands.

b Prepare equipment as directed.

c Perform procedure under supervision.

d Dispose of equipment as directed.

(f) Summary (3 min).



q. Advanced Medical Procedures

(1) Period 1. (2 hrs): Establishing Emergency Airway (LP 325-55-H)

(a) Training Facility Requirements:

Classroom equipped with 110-volt outlets.

(b) Instructional Aids and Equipment:

Instructor equipment requirements (based on a class strength of 85 trainees):

Chalkboard, chalk, and eraser

One projector, motion picture, sound, 16-mm, AS-2

MN 7469

One screen, projection

One cannula, tracheotomy, metal, type 1-2-3

One airway, pharyngeal, Guadel. rubber, oral (adult)

One airway, pharyngeal, Guadel. rubber, oral (child)

One pair, forcep hemostatic, straight, Kelly, 5½ in.

(c) Trainee Equipment Requirements:

As specified by Unit SOP, notebook and pencil, class "C" uniform.

(d) References:

TM 8-230

(e) Training Objectives:

1 Trainee will know that tracheotomy is a surgical opening into the trachea.

2 Trainee will know that cricothyroidotomy is a surgical opening to be performed in an emergency.

- 3 Trainee will know the conditions that may result in an emergency tracheotomy or cricothyroidotomy.
- 4 Trainee will know the material which can be improvised to perform the emergency airway.
- 5 Trainee will know the procedure for performing the cricothyroidotomy.

(f) Lesson Outline:

NOTE: Instructional Method: Conference, Demonstration and P.E.

- 1 Explain the tracheotomy as to definition and purpose (5 min).
- 2 Explain cricothyroidotomy as to definition and purpose (10 min).
- 3 Explain the following materials used in an emergency airway (10 min).
  - a Tracheotomy sets.
  - b Improvised materials.
- 4 Explain the conditions requiring an emergency airway (15 min).
- 5 Explain the procedure for performing the emergency airway (35 min).
- 6 Conduct practical exercise of having trainees locate site for incision of cricothyroidotomy (15 min).
- 7 Summarize the lesson (10 min).

NOTE: Introduce, show, and critique MN 7469, if available, adjusting instruction as necessary. Film introduces, in a graphic way, the means by which the most rank novice can, with just a little technical knowledge of the human anatomy, perform an emergency airway. Shown are a number of everyday objects that can be utilized to insure an adequate airway.

(2) Period 2. (4 hrs): Intravenous Infusion: PE (LP 325-56-H)

(a) Training Facility Requirements:

Classroom(s) to accommodate 40 litter patients and  
40 aidmen.

(b) Instructional Aids and Equipment:

Equipment for each two (2) trainees:

One (1) litter

One (1) bottle Sterile Saline solution (simulating  
Dextran)

Two (2) Field IV injection sets

One (1) Benzalkonium Chloride applicator

Adhesive tape

One (1) restricting band (surg. tubing)

Two (2) checklists

One (1) IV stand (litter)

Equipment for instructor:

One (1) bag simulated blood

Two (2) recipient set for whole blood

One (1) 500 cc bottle of Sterile Saline

One (1) Field IV injection set

One (1) complete Serum Albumin unit

One (1) 1000 cc bottle Dextrose

One (1) IV stand

One (1) Benzalkonium Chloride applicator

One (1) roll adhesive tape

One (1) restricting band (surg. tubing)

Per classroom:

One (1) Vu-graph projector

One (1) Checklist "Dextran Administration"

Vu-graph (I)-1-F-(1) Signs of Severe Shock

Vu-graph (I)-1-F-(2) Signs of Severe Shock continued

Vu-graph (I)-1-F-(3) Factors Contributing to Shock

Vu-graph (I)-1-F-(5) Dextran

Vu-graph (I)-1-F-(6) Serum Albumin

MTC ETV\* tape "IV Therapy and Blood Transfusion"

(under preparation by MTC; running time not determined).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230, para 89-95, 155-160; TM 8-20; AFM-34,

Textbook Principles and Practice of Nursing; Emergency

War Surgery (NATO Handbook), U.S. Government Printing

Office, Wash., D.C., 1958, pp 91-117. The Merck Manual,

10th Ed., Merck and Co., Redway, N.J., 1961, pp 149-159.

(e) Training Objectives:

The trainee will perform all of the procedures for preparation for administration of blood expanders, will actually make an infusion employing a Sterile Saline solution, and will disassemble and clean the equipment.

\*To be MTC produced.

The trainee will know similarities, differences and reasons for administration of all blood expanders; will know the reasons, symptoms and treatment for shock; and will know how to care for patient and equipment during and after infusion.

(f) Lesson Outline:

NOTE: Instructional Method: Conference, Demonstration, and PE.

NOTE: If TV facilities are available, instructors review MTC ETV\*

Tape "IV Therapy and Blood Transfusion," show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Administration of Dextran infusion (Explanation, Demonstration and Practical Work) (100 min).

NOTE: A 10-minute break is taken on initiative of the PI at the end of 50-minutes (approximately ) and at the end of 100 minutes of instruction.

- a Introduction - Relate to two preceding periods.  
This period will include administration of blood expanders to fellow trainees and will cover patient care (2 min).

- b Explanation and Practical Exercise (88 min).

- 1) Divide class into pairs. Designate one man "A" and the other man "B."
- 2) Direct "A" member to pick up one bottle of Sterile Saline solution, one Field IV injection set, and one Benzalkonium Chloride applicator.

- 3) Direct "B" member to pick up one roll of adhesive tape, one IV stand, one bottle in which to collect the fluid, one restriction band, and two checklists.
- 4) Explain that during this hour we will discuss specific blood expanders and practice their administration of one on each other using sterile saline solution, under simulated battlefield conditions.
- 5) Give an explanation on whole blood.

NOTE: Demonstrate bag of simulated blood.

- a) Whole blood - best fluid; type O blood; storage; not likely to be used by platoon aidman in field; blood volume expanders: Dextran 6% in normal Saline Solution. (discuss and demonstrate).

NOTE: Show 500 cc bottle of Dextran.

Not a blood substitute, 500 cc unit, stored for long periods without refrigeration, does not require typing or cross-matching, can use infusion apparatus without filter, most cases of shock respond to 500 to 1000 cc, table of fluid replacement using Dextran.

NOTE: Show and discuss Vu-graph (I)-1-F-(5) Dextran.

- b) Demonstration and Application: Talk-through application (class participates as demonstration is being presented)--Sterile Saline Solution (representing Dextran) as given in the field (80 min).

1) Trainee "A" goes through procedures step-by-step as instructor demonstrates on a trainee. Trainee "B" watches and receives the injection and follows the progress on the checklist; and assistant instructors supervise. Demonstration will show casualty on litter with bottle held in place with issued stand for litter. Trainees "A" and "B" are similarly equipped and disposed.

a) Remove set from box and identify parts listed on enclosed direction sheet.

NOTE: With this set no airway needle is needed.

b) Remove outer seal and metal disc from stopper on bottle.

c) Cleanse stopper face with Benzalkonium Chloride antiseptic.

d) Locate and close screw clamp within 6 to 8 inches of injection needle to prevent possible air leakage into set.



- e) Remove sterility protector from bottle spike.
- f) With bottle upright on table, insert spike with quick, straight thrust (no twisting) through large round opening in bottle stopper.
- g) Don't remove filter cap from air inlet.
- h) Upend bottle and hang from some type of stand about two to three feet above site of needle insertion.
- i) Roll up casualty's sleeve and select a large vein at bend of elbow.
- j) Cleanse area about vein to be punctured with Benzalkonium Chloride.
- k) Above this site apply a restricting band just tight enough to block flow of blood in veins. This will distend veins and make it easier to insert needle.

NOTE: Instructor should also demonstrate how to palpate this area to help make a vein rise.

- l) Remove sterility protector just far enough to expose needle hub.
- m) Grasp hub between thumb and forefinger and seat firmly on tubing

(this does not screw into place).

Remove cover from needle.

- n) Loosen screw clamp, let fluid flow, and clear tubing of air. Close clamp completely.
- o) When the AI comes to you, you will make an actual insertion. Hold needle hub. With angled bevel up, insert needle in vein, pointing in direction of flow of blood in the vein (toward the armpit). You will know needle is in vein when blood flows back through tube.

NOTE: AIs will supervise each insertion.

- p) Release restricting band.
- q) Fasten needle in vein by taping it to arm and gather up a little bit of the tubing and tape it to arm. (This prevents accidental pull on needle in vein.)

NOTE: AIs will direct withdrawal of needle as soon as flow of expander has started.

- 2) Assistant instructors make corrections when needed and give help to trainees who need it.

3) Trainee "B" goes through procedure step-by-step (instructor does not demonstrate) and trainee "A" follows his progress using checklist.

4) Assistant instructors supervise each infusion, make corrections and give help as needed.

NOTE: It is intended that each trainee execute an infusion on a fellow trainee. If extra time must be taken, it should be taken at expense of questions and answers session (see below).

2 Review of shock, other blood expanders and care of patient (95 min).

NOTE: A 10-minute break is taken at the end of 50 minutes of instruction.

a Introduction - give scope, reasons and importance of instruction to follow in this period.

b Explain similarities, differences and reasons for administration of:

1) Normal Saline Solution.

2) Glucose solution (5 to 50% solution in sterile water).

3) Normal Saline and 5% Glucose combined.

4) Whole blood.

5) Serum Albumin as substitute for Dextran (give scale as compared to Dextran).

6) Other plasma expanders.

c Explain Serum Albumin

- 1) Concentrated Serum Albumin - (Explain as a substitute for blood or Dextran).
- 2) Give an approximate scale (as compared to Dextran) for administration using Serum Albumin.

NOTE: Show Vu-graph (I)-1-F-(6).

3) Demonstration.

NOTE: Demonstrate assembling of Serum Albumin intravenous set for use.

NOTE: Show Vu-graph (I)-1-F-(7).

d Explain Dextrose.

NOTE: Show 1000 cc bottle of Dextrose.

e Explain Normal Saline; salt-soda pack.

NOTE: Show 1000 cc bottle of Normal Saline solution and salt-soda portion of first aid packet.

NOTE: In connection with f below, show Vu-graph (I)-1-F-(1) and Vu-graph (I)-1-F-(2), Signs of Severe Shock; Vu-graph (I)-1-F-(3), Aggravating Factors which may Contribute to Development of Shock; Vu-graph (I)-1-F-(4), Prevention and Treatment of Shock.

f Review shock (blood circulation and aggravating factors which contribute to development of shock, causes, effects, results if not stopped, snow-balling, signs aidman looks for in diagnosing, three blood replacements for shock, reaction symptoms).

g Pointing out on patient and equipment, discuss patient and equipment care, during and after infusion cover:

- 1) Observing patient closely.
- 2) Pulse, respiration, and color.
- 3) Watching solution in flask; correct level.
- 4) Observing and regulating flow as ordered by doctor.
- 5) Watching site of injection for swelling at needle point; meaning of this; action.
- 6) Watching for patient having a chill; meaning; action.
- 7) How to end infusion and prevent blood leaking under skin.
- 8) Recording of temperature every hour for 4 hours.

h Questions and answers -

Conduct a question and answer period covering the entire period.

i Cleaning and dismantling of equipment.

NOTE: Trainees will clean, return equipment as designated by assistant instructors. Trainees will straighten and police their area.

3 Summary (5 min).

r. Emergency Resuscitative Equipment (2 hrs): (LP 325-20-H)

(1) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(2) Instructional Aids and Equipment:

TV Tape \*H-MTC 3-F-1.

Chalkboard, chalk, eraser.

One (1) suction and pressure apparatus, surgical, portable,  
field type, with tubing and drainage bottles.

One (1) table, field.

One (1) cylinder compressed air.

One (1) carrier, medical gas cylinder.

One (1) intubation model.

One (1) mask, oronasal, with rebreathing bag.

One (1) float-type oxygen regulator.

One (1) dial gauge oxygen regulator.

Two (2) sign "No Smoking"

One (1) strap, canvas, webbed (safety)

One (1) wrench, open-end, non-adjustable.

Rubber tubing (sufficient length to reach from O<sub>2</sub> tank to patient).

One (1) catheter, suction, disposable.

One (1) catheter, urethral, rubber.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

\*HumRRO-MTC produced.

(4) References:

Brochures for Resuscitation from National Cylinder Gas Co.,  
The Fyr-Fyter Co., J. H. Emerson Co.; Textbook of the Principles  
and Practice of Nursing.

(5) Training Objectives.

The trainee will know:

- (a) The procedures of oronasal suction and administration of  
oxygen by mask.
- (b) How to use resuscitation equipment in emergency treatment.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Conference, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
3-F-1, show it in appropriate sequence, and adjust the remainder  
of the instruction accordingly.

(a) Introduction (2 min).

Cover scope, reason, and importance.

(b) Explanation and Demonstration (95 min).

1 Administration of Oxygen.

a Definitions.

b Equipment used.

NOTE: Show and explain each item of equipment.

- 1) No Smoking signs.
- 2) Oxygen cylinder - two sizes.
  - a) Large cylinder.
  - b) Small cylinder.

c) Parts of cylinder.

Canvas strap or a chain.

Open-end wrench.

Oxygen regulator - parts and operation.

Tubing.

Precautions in the storage, handling  
and use of oxygen.

(c) Administration of Oxygen by Mask.

1 When patient requires oxygen.

2 Reasons.

3 Demonstrate administration of oxygen by mask.

4 Check to assure patient comfort and therapeutic  
effectiveness of oxygen therapy by mask.

5 Discontinue treatment.

a After-care of mask.

b After-care of basic oxygen equipment.

c After-care of patient - observe for hypoxia or anoxia.

d Report and/or record.

NOTE: List observations on chalkboard.

BREAK - 10 MINUTES

(d) Oro-nasal suction.

1 When used and how accomplished.

2 Equipment needed for suction.

NOTE: Show both types of connectors.



NOTE: Show both types of catheters.

3 Indications for suctioning.

NOTE: Frequency of suctioning is determined by needs of the patient.

4 Procedure for oral suction.

NOTE: Demonstrate on intubation model.

NOTE: Explain that patient's mouth may be held open with padded tongue blades or hard rubber airway if necessary.

5 Procedure for nasal suction.

NOTE: Instructor use unattached catheter and measure on self.

6 Care of equipment.

(e) Use of Resuscitator.

1 Uses, kinds, guidelines for use of all types.

2 Guidelines for use of all types of resuscitators.

3 Demonstrate use of resuscitator.

4 Care of equipment.

(f) Summary (3 min).

s. Emergency Birth (2 hrs): (LP 325-21-H)

(1) Training Facility Requirements:

Classroom.

(2) Instructional Aids and Equipment:

Chalkboard, chalk, eraser.

Overhead projector.

Projector, 16mm.

Twenty-seven (27) Vu-graphs 24, 25, 26, 27, 28, 29, 30, 33, 34, and 40; 3-F-3-1 through 3-F-3-17.

One (1) Vu-graph projector, MF 8-9906.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

Emergency Birth in Disaster, Visual Manual Family-Centered Maternity Nursing.

(5) Training Objectives:

The trainee will know the basic fundamentals necessary to give care to mother and baby during delivery in an emergency situation.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture.

(a) Introduction (3 min).

Cover scope, reason, and importance.

NOTE: Show Vu-graph 3-F-3-1.

(b) Explanation (92 min).

1 Terms used in this lesson; show Vu-graphs listed and define:

- a Vu-graph 3-F-3-2 - Abdomen.
- b Vu-graph 3-F-3-3 - Bladder.
- c Vu-graph 3-F-3-4 - Cervix.
- d Vu-graph 3-F-3-5 - Contraction.
- e Vu-graph 3-F-3-6 - Delivery.
- f Vu-graph 3-F-3-7 - Labor.
- g Vu-graph 3-F-3-8 - Membranes.
- h Vu-graph 3-F-3-9 - Mucus.
- i Vu-graph 3-F-3-10 - Placenta (Afterbirth).
- j Vu-graph 3-F-3-11 - Cord.
- k Vu-graph 3-F-3-12 - Prematurity.
- l Vu-graph 3-F-3-13 - Pubic bone.
- m Vu-graph 3-F-3-14 - Rectum.
- n Vu-graph 3-F-3-15 - Show.
- o Vu-graph 3-F-3-16 - Uterus.
- p Vu-graph 3-F-3-17 - Vagina.

2 Training film.

- a Introduce training film MF 8-9906, "Emergency childbirth" (Running Time - 22 minutes); four actual home deliveries.
- b Show the film.
- c Critique the film: Review the immediate care of the baby and the mother.

BREAK - 10 MINUTES

SECOND HOUR

- d Cover in some detail guidelines for an untrained person to give assistance at a delivery without the usual preparation or facilities.

NOTE: Show Vu-graph #24 and explain.

- 1) Making sure of the baby's breathing.

NOTE: Show Vu-graph #25 and explain.

- 2) Keeping baby warm.

NOTE: Show Vu-graph #27 and explain.

- 3) Tying and cutting the cord.

NOTE: Show Vu-graph #26 and explain.

- 4) Delivering the placenta (afterbirth).

NOTE: Show and discuss Vu-graphs #28, #29, and #30 and explain.

- 5) Recording.

NOTE: Show Vu-graph #33 and explain.

- 6) Unusual births - only three of these will be discussed.

- a) Breech.

NOTE: Show and discuss Vu-graph #34.

- b) Foot or arm presentation.

NOTE: Show and discuss Vu-graph #40.

- c) Transverse lie.

NOTE: Show and discuss Vu-graph #41.

- d) Only one out of 60 babies are born other than by a normal delivery. When in doubt, do nothing. Get the mother to a hospital as quickly as possible.

3 Summary (5 min).

c. Field Autoclave (2 hrs): (LP 325-54-H)

(1) Training Facility Requirements:

Tent area or classroom with adjacent demonstration area.

(2) Instructional Aids and Equipment:

One (1) CMS Tray Contining:

Two (2) large packages wrapped for sterilization.

Two (2) small packages wrapped for sterilization.

One (1) container of towels.

One (1) roll autoclave tape.

One (1) stamping pad and stamper.

One (1) grease pencil.

One (1) Diack control.

One (1) pair asbestos gloves.

One (1) field table.

One (1) field table.

One (1) podium.

One (1) gasoline can w/gas.

One (1) water can.

One (1) hand-out per trainee, Field Autoclave

One (1) Field Autoclave (desirable, 2).

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) References:

TM 8-230; TM 8-615; TM 8-7310-200-12; Repair Parts, Pamphlet No. 145, Nov 1959.

(5) Training Objectives:

The trainee will know how to load and unload the field autoclave and know how it operates.

(6) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

(a) Introduction (2 min).

Cover scope, reason, and importance.

(b) Explanation and Demonstration (48 min).

NOTE: Pass out "Handout" material.

1 Description of field autoclave.

a Make of autoclave.

b Weight.

c Burners.

d Large autoclaves in hospitals.

NOTE: Instructor point out each part.

e Parts.

f Loading autoclave.

g Unloading autoclave.

2 Demonstration.

a Operation.

1) Daily before heating sterilizer.

2) Gasoline firing.

3) Filling.

4) Closing.

5) Cautions.

3 Explanation and Demonstration (48 min).

- a To heat sterilizer by gasoline firing.
- b Regulate sterilizing pressure by gasoline firing.
- c To sterilize dressings, utensils and instruments.
- d Close of sterilization period.
- e . Procedures for sterilizing solutions.
- f Maintenance suggestions.

4 Summary (2 min).



u. Proficiency Test - Basic Patient Care (4 hrs): (LP 325-22-H)

(1) Training Facility Requirements:

Special Classroom.

(2) Instructional Aids and Equipment:

Sixteen (16) field tables

One (1) laboratory table

Six (6) catheter tray

Two (2) metal tray  $15\frac{1}{2} \times 9\frac{1}{2} \times 2$

Four (4) plastic water cups

Two (2) thermometer holders

Eight (8) sponge containers

Eight (8) wastebaskets

Fifty (50) thermometers, oral clinical

Eight (8) thermometers, rectal clinical

Four (4) sphygmomanometers, aneroid

Two (2) stethoscopes, dual

Four (4) jar, quart, glass

Ninety (90) chairs, folding

Forty (40) DD 722

Forty (40) DA 2658

Forty (40) SF 600

Forty (40) SF 601

Forty (40) SF 88

Forty (40) SF 514

Forty (40) SF 519

Forty (40) DD 8-220

Fluid balance recording sheets

Doctor's order sheets

Two-hundred (200) cotton balls

Two-hundred (200) applicators, cotton tipped.

Food coloring, brown - 4 oz

Two (2)

Alcohol, 70% - 24 oz

Four (4) 3 x 5 paper pad.

Grade sheet showing value of each requirement at each test station.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All references for basic medical care.

(e) Training Objectives:

To determine and raise the level of trainees' knowledge and skill in the use of equipment required for basic patient care.

(f) Lesson Outline:

NOTE: Instructional Method: Proficiency test.

1 Introduction (10 min)

Cover scope, general plan of test and relation of test to previous instruction.

2 General Plan.

a The PI organizes his AIs and students at 3 stations,

(1) Thermometers (2) Blood Pressure and (3)

Smallpox Vaccination and Health Records in a manner that will provide maximum personal supervision and testing accuracy by AIs. One AI will test one trainee at a time. The PI will provide for separate waiting areas for each group of trainees making certain that there is no conversing between groups and that no part of the test is compromised. The test will be scored in accordance with the "Points Off for Incorrect Procedure" column. Individual results will be turned in to the chief of the Testing Branch immediately following the test.

b The PI is responsible to have the test area properly laid out prior to starting time for the test and for proper care and cleaning of the equipment.

c Breaks are taken during the test on the initiative of the PI and then only for convenience of AIs. Trainees will be permitted to relax in the waiting areas.

3 The proficiency Test to be administered (200 min).

Thermometers (42 points)

Points off for  
Incorrect  
Procedure

1. Select oral thermometer

2

2. Select thermometer for axillary  
temperature

2

626

Thermometers (42 points)	Points off for Incorrect Procedure
3. Select rectal thermometer	2
4. How long is oral thermometer left in place?	3
5. How long is thermometer left in place for axillary temperature?	3
6. How long is thermometer (rectal) left in place?	3
7. Incorrect reading	10
8. Incorrect recording of oral temperature	2
9. Incorrect recording of rectal temperature	2
10. Incorrect recording of axillary temperature	2
11. Thermometer is shaken down to _____?	2
12. Was thermometer cleaned from stem to bulb?	2
13. Was same cotton ball used more than once?	2
14. Was thermometer thoroughly cleaned?	3
15. Was cleaned thermometer placed in disinfectant solution?	2

## APP E, LOS (Cont'd)

Blood Pressure (42 Points)	Points off for Incorrect Procedure
1. Was care taken in removing sphygmomanometer from case?	2
2. Was clothing removed from patient's arm or pushed above cuff?	2
3. Is bladder portion of cuff over front of arm?	2
4. Are tubings pointing towards patient's hand?	2
5. Is gauge secured and placed for easy reading?	2
6. Is cuff above antecubital space? (bend of elbow)	2
7. Is cuff loose and slipping on arm?	2
8. Was position of ear pieces checked on stethoscope?	2
9. Was listening device checked?	2
10. Was brachial artery located prior to taking B/P?	2
11. Was cuff inflated to at least 150mm of mercury?	2
12. Was correct reading obtained?	10
13. Was reading re-checked?	2
14. Was blood pressure recorded as a fraction?	2

# APP E, LOs (Cont'd)

Blood Pressure (42 Points) (Continued)	Points off for Incorrect Procedure
---	--

- |   |   |
|---|---|
| 15. Was blood pressure recorded?              | 2 |
| 16. Was stethoscope ear pieces<br>cleaned?    | 2 |
| 17. Was sphygmomanometer returned<br>to case? | 2 |

## Smallpox Vaccinations (4 Points)

- |                                     |   |
|-------------------------------------|---|
| 1. Select the primary reaction.     | 1 |
| 2. Select the immediate reaction.   | 1 |
| 3. Select the accelerated reaction. | 1 |
| 4. Select the negative reaction.    | 1 |

## Health Records (12 points)

1. Following forms must be included:

- |                               |          |
|-------------------------------|----------|
| a. DD Form 722                | 1        |
| b. DA Form 2658               | 1        |
| c. SF Form 600                | 1        |
| d. SF Form 601                | 1        |
| e. SF Form 88                 | 1        |
| f. SF Form 89                 | 1        |
| g. SF Form 514                | 1        |
| h. SF Form 519                | 1        |
| i. Are forms in proper order? | <u>4</u> |

100

## 4 Summary - Critique, (20 min)

and Discussion.

8. Technical Training: Phase 4 - Basic Ward Skills for Medical Corpsmen

a. Basic Ward Procedures

(1) Period 1. (1 hr): The Patient and the Medical Service Team

(LP 325-53-H)

(a) Training Requirements:

Classroom, conference type.

(b) Instructional Aids and Equipment:

Chalkboard, chalk and eraser

Overhead projector, PH 637

Screen, projection

Locally produced Vu-graphs

(c) Trainee Equipment Requirements:

As specified by Unit SOP

Notebook and pencil

Class "C" uniform

(d) References:

TM 8-230

(e) Training Objectives:

- 1 Trainee will know that all personnel who comprise the Medical Service Team are directly responsible for the care and treatment of the patient.
- 2 Trainee will know that the first impressions a patient has on arriving at a medical treatment facility are usually lasting ones; and that they will greatly affect the course of his illness, either positively or negatively.

- 3 Trainee will know that the way we act and the method we employ to admit the patient is of vital importance toward establishing good relationships with the patient.
- 4 Trainee will know hospital admission procedures.

(f) Lesson Outline:

NOTE: Instructional Method: Conference

NOTE: Use Vu-graphs as applicable

- 1 Explain the Medical Service Team as to the definition and purpose (15 min).
- 2 Explain the nonmedical members who support the Medical Service Team (10 min).
- 3 Explain patient care (15 min).
- 4 Explain the total picture of the Medical Service Team's relation to the patient, to include the following:  
(50 min).
  - a The team.
  - b Patient relationship.
  - c Hospital admission (such as persons entitled to care in Army medical facilities; medical personnel involved and their responsibilities).



(2) Period 2. (1 hr): Introduction to Ward Duties (LP 325-54-H)

(a) Training Facility Requirements:

Classroom, conference type.

(b) Instructional Aids and Equipment:

TF 8-1944.

Instructor equipment requirements based on a class strength of 85 trainees:

Chalkboard, chalk, and eraser

Projector, motion picture, sound, 16mm, AS-2

Screen, projection.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

Notebook and pencil.

Class "C" uniform.

(d) References:

TM 8-230.

(e) Training Objectives:

- 1 Trainee will know that members of the medical team must develop and display the proper attitudes to foster good working relationships with the group.
- 2 Trainee will know that the Medical Corpsman must be able to perform the duties of his MOS in order to make an effective contribution to the team effort.
- 3 Trainee will know that cases of emergency nature require the immediate cooperative effort of the entire medical team.

- 4 Trainee will know that the Medical Corpsman is a key member of the team as he gives "round-the-clock" care to patient.

(f) Lesson Outline:

NOTE: Instructional Method: Conference.

1 Discuss and demonstrate ward duties (45 min).

2 Summarize the lesson (5 min).

INSTRUCTOR'S NOTE: Introduce, show, and critique TF 8-1944, The Hospital Ward Team (23 min), if available, adjusting instruction as necessary. This film presents the activities of a hospital ward over a 24-hour period. It also demonstrates the attitudes necessary for effective working relationships, plus the kinds of duties performed in "round-the-clock" care of patients.

(3) Basic Ward Orientation (2 hrs):(LP 325-24-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-A-2 (Time - 25:32)

One (1) Nursing Service Book Unit with DD 728 Doctor's

Orders; DD 640 Nursing Notes; SF 511 TPR Graphic

Two (2) black grease pencils

One (1) cleaning cloth

Ninety (90) handout 325-10-1

Two (2) SF 511 - TPR Graphic (completed problem)

One (1) DD Form 8-220 - Temperature, Pulse and Respiration  
Record (completed)

When TV not available:

Five (5) Vu-graphs:

One (1) DA 8-93 Nursing Service Personnel Time Schedule

One (1) DA 8-256 Nursing Care Assignment Sheet

One (1) DD 728 Doctor's Order Sheet

One (1) DD 640 Nursing Notes

One (1) SF 511 TPR Graphic

One (1) Overhead projector

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

\*HumRRO-MTC produced.

(d) References:

Textbook of the Principles and Practice of Nursing; AR 40-11.

(e) Training Objectives:

Trainee will know the kinds of communication used, and the kinds of patient care given, during each 24-hour period on a hospital ward.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-A-2, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There will be a 10 minute break at the end of each 50 minute period of instruction.

NOTE: 95 minutes will be allotted for the instructional material itself.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation

a Nursing Service Personnel Schedule.

NOTE: Show Vu-graph #1 and discuss.

b Requirements of each shift of duty.

1) Day shift.

2) Evening shift.

3) Night shift.

c Ward report.

d Nursing Care Assignment Sheet.

NOTE: Show Vu-graph #2 and discuss (Nursing Care Assignment Sheet, DA Form 8-256

\*HumRRO-MTC produced.

e Nursing Service Book Unit.

f Doctor's Order Sheet.

NOTE: Show Doctor's Order, DD Form 728, Vu-graphs #3.

g Nursing Notes.

NOTE: Show Vu-graph #4, (Nursing Notes, DD Form 640)

NOTE: 1. Distribute two (2) TPR Graphic Forms (SF 511) and problem to each trainee.

2. Show and discuss the TPR Graphic (SF 511).

3. Instruct trainees to follow each point in explanation make entries from the graphic on their forms as the instructor directs.

h Temperature, pulse, respiration graphic chart.

NOTE: Show and explain form DD Form 88-220

NOTE: Use second TPR graphic for charting blood pressure. Some hospitals use a plotting chart when frequent blood pressure is requested.

NOTE: Instructor activities.

- (a) Allow trainees to complete entries on TPR graphic sheets.
- (b) Supervise trainees' performance.
- (c) Make corrections as necessary.

3 Summary (3 min).

(4) Preparation of the Unit for the Reception of the Patient

(1 hr):(LP 325-25-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-A-3 (Time - 36:32)

When TV not available:

Chalkboard, chalk, eraser.

Bed, Gatch with rubber drawsheet.

Bedside cabinet.

Chair, folding.

Pillow.

Three (3) sheets, cotton.

One (1) pillowcase.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practices of Nursing; TM 8-230.

(e) Training Objectives:

1 Trainee will know that the patient's unit is the area assigned to a patient in the hospital.

2 Trainee will know that the patient's bed must have clean linen drawn tight and smooth over a firm mattress to provide a wrinkle-free foundation.

\*HumRRO-MTC produced.

3 Trainee will know that all patients' beds must be made daily and linen changed as indicated.

4 Trainee will know that the patient's unit must be damp dusted daily and cleaned thoroughly when the patient is discharged.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV tape \*H-MTC 4-A-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration (45 min).

a Definition of Patient's Unit.

b The patient's bed.

NOTE: Demonstrate operation of bed.

1) Ways of making patient's bed.

2) Corpsman's responsibilities when he makes patient's bed.

3) Criteria for Change of Linen.

4) Handling of linen.

5) Cleaning of unit when a patient is transferred or discharged.

c Making the closed (unoccupied) bed--demonstration.

1) Assemble the equipment.

- 2) Strip the bed.
- 3) Remake bed.
- 3 Summary (3 min).



(5) Cleanliness for the Patient's Safety (1 hr): (LP 325-3)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment Requirements:

TV Tape \*H-MTC TVA 325-3

One (1) emesis basin, CRS.

One (1) syringe, Model DCV-5.

One (1) medicine glass.

One (1) hot water bottle - ice bag.

One (1) forceps.

One (1) sheet, bed, cotton, white, 72 x 108 inches.

One (1) towel, bath.

One (1) cloth, coated (rubber sheeting) 18 x 18 inches.

One (1) waste container.

Two (2) tables, folding, field.

One (1) dish, soap.

One (1) soap, floating, white.

Two (2) basins, wash, 4½ qt., CRS.

Ten (10) towels, paper.

One (1) ice collar.

Chalkboard, chalk and eraser.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961), para 273, 275, 460, 464, 468, 470;

\*HumRRO-MTC produced.

Handbook of the Hospital Corps, U.S. Navy, United States Government Printing Office, Washington, D.C., (1953), pp 149, 151, 193; Harmer, B., and Henderson, V., Textbook of the Principles and Practice of Nursing, 5th Edition, The MacMillan Co., New York, N.Y., 1955, pp 193-199.

(e) Training Objectives:

- 1 Trainee will know the importance of maintaining high standards of personal cleanliness.
- 2 Trainee will know to wash his hands frequently, using soap, water, and friction.
- 3 Trainee will know to use supplies as needed, but not to waste them.
- 4 Trainee will know to use all equipment and supplies for the purpose for which they are intended.
- 5 Trainee will know to keep all equipment in good working condition by reporting needed repairs immediately.
- 6 Trainee will know that items of equipment are made from various materials, each of which may require special care; that he is to select the cleaning method that will not injure the material but will be effective; and that cold water is to be used to remove blood, pus, mucous, or other body discharges.

7 Trainee will know to disinfect or sterilize any item of equipment according to the Ward SOP.

8 Trainee will know to inspect all items for cleanliness before storing in proper place.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 325-3, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration (35 min).

a Purposes of personal cleanliness and good grooming.

b Important points of personal hygiene and good grooming for the corpsman.

c Hand washing.

NOTE: Demonstrate the procedure as it is discussed.

d Responsibilities of corpsman for obtaining and storing hospital supplies and equipment.

1) The Centralized Material Section (CMS).

2) The Utility Room.

3) The corpsman duties.

e Responsibilities of corpsman for cleaning hospital equipment.

1) Cleaning methods.

- 2) Cleaning and care of corrosion-resisting steel (CRS) or metal (CRM).

NOTE: Show CRS emesis basin.

- 3) Cleaning and care of glassware.

NOTE: Show medicine glass and syringe.

- 4) Cleaning and care of rubber goods.

NOTE: Show hot water bottle-ice bag and rectangular rubber sheeting.

- 5) Cleaning and care of instruments.

NOTE: Show forceps.

- 6) Care of hospital linen.

NOTE: Show sheet and bath towel.

- 7) Cleaning and care of plastic items.

f Responsibilities of Corpsman for Maintenance of Hospital Equipment.

3 Summary (2 min).

b. Ward Treatment Procedures I

(1) Positioning the Patient (2 hrs): (LP 325-26-H)

(a) Training Facility Requirements:

Building 1469 or 3898 - specialized classroom.

(b) Instructional Aids and Equipment:

In Building 1469:

Chalkboard, chalk, eraser.

One (1) laundry hamper (frame and bag).

Twenty-one (21) beds with:

One (1) mattress, innerspring, with cover.

One (1) pillow, bed, with pillowcase.

One (1) cabinet, bedside.

One (1) chair, straight, metal.

Two (2) sheets, white, bed.

Forty (40) sheets, white, cotton.

Eighty (80) pillowcases, white, cotton.

Two (2) pillows with plastic covers.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230.

(e) Training Objectives:

Trainee will know how to properly position a bed patient so as to best facilitate treatment.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: 1. Prior to start of class pull demonstration beds out into aisle - one at front of classroom and one at the center of classroom.

2. Four (4) trainees will be assigned to each bed except the demonstration beds which will have two assigned to each.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation.

a Maintaining good posture for the bed patient.

b Use of good body mechanics and maintenance of good posture by the corpsman.

c Points to remember when moving patients.

3 Demonstration/Application

a General plan.

1) Directions to instructors.

a) Primary instructor will talk the demonstrators and trainees through all procedures.

b) Assistant instructors (two of which will be demonstrators) will supervise trainees' performance.

c) Prior to class place one sheet and two pillowcases in bedside cabinet.

d) Put pillowcases on plastic covered pillows and place one on each demonstration bed.

2) Directions to trainees.

- a) Return or simultaneous demonstrations will be designated by the primary instructor.
- b) Each trainee will be given an opportunity to perform a return demonstration, including the trainees assigned to the demonstration beds.
- c) Trainees will be numbered one through four - designate one of these trainees to be the "Patient" during the first hour and a different trainee to be the "Patient" during the second hour.

3) Directions to "Patient"

- a) Be sure chair is at foot of bed facing toward primary instructor.
- b) Remove jacket and hang on back of chair.
- c) Sit down and unlace boots - do not remove.
- d) After boots unlaced, sit down on side of bed farthest from primary instructor after bed is prepared.
- e) "Patient" will be helpless during first hour.

4) Directions to "Corpsman"

- a) Move pillow to foot of bed.
- b) Unfold cuff on top sheet, if present.

- c) Tuck sheet in down sides of bed (have two trainees do this).
- d) Replace pillow.
- e) Remove "Patient's" boots and place, toes in, under foot of bed.
- f) Move bedside cabinet back against wall.
- g) Lock wheels on bed to prevent rolling.

b Procedures to be carried out.

NOTE: Have each trainee give return demonstration before going to next procedure.

- 1) Adjusting pillow and bed (simultaneous procedure).
- 2) Moving and elevating an arm (simultaneous procedure).

NOTE: Demonstrators will use plastic cover pillows and leave pillow under head of patient in demonstration bed.

- 3) Elevating a leg (demonstration only using plastic covered pillow).
- 4) Positioning feet (demonstration only using plastic covered pillow).
- 5) Turning patient on side (return demonstrations).
- 6) Having patient sit on side of bed ("dangling") - (return demonstrations).
- 7) Assisting the patient to get out of bed (return demonstrations).
- 8) Moving patient up in bed.

4 Summary (3 min).



(2) Patient's Bed Bath (1 hr): (LP 325-27-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-A-5 (Time - 48:18)

When TV not available:

Chalkboard, chalk, eraser.

One (1) bed, adjustable.

Mattress, innerspring.

Pillow, bed.

Pillowcase, cotton.

Chair, straight folding.

Two (2) sheets, bed, cotton.

Cabinet, bedside, metal.

Two (2) basins, wash, CRS, 9 qt.

Two (2) coats, pajama, cotton, medium.

One (1) robe, dressing, medium.

One (1) pair slippers, patient, convalescent, size 2.

Two (2) towels, bath.

One (1) washcloth.

One (1) dish, soap.

One (1) soap, white.

One (1) bottle alcohol, 70%, 8 oz.

One (1) container talc, shaker, 1 oz.

\*HumRRO-MTC produced.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practice of Nursing; TM 8-230.

(e) Training Objectives:

Trainee will know the equipment needed, and the proper procedure to be followed in giving a bed bath.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-A-5, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each fifty (50) minutes of instruction.

NOTE: 95 minutes will be allotted to instructional material itself.

NOTE: Select trainee for "patient" and have him change into pajamas, robe, and slippers and keep his valuables with him.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation.

a Purposes of the bath.

b Important points in giving the bed bath.

c Corpsman's responsibilities.

NOTE: Primary Instructor will talk Assistant Instructor through demonstration.

\*HumRRO-MTC produced.

d Giving the bed bath.

- 1) Assemble equipment.
- 2) Be sure room is warm and free from drafts.
- 3) Provide privacy.
- 4) Move chair to foot of bed.
- 5) Loosen top linen across foot of bed.
- 6) Give mouth care - regular or special (explain only)
- 7) Remove pillow and place on chair.
- 8) Remove pajamas.
- 9) Bathe the patient.

- a) Review important points when bathing the patient.

NOTE: While assistant instructor continues to bathe the "patient," primary instructor discusses observation of the skin.

NOTE: Turn patient while a trainee is getting clean water.

e Care of equipment.

3 Summary (3 min).

(3) PE Bed Bath and Occupied Bed (4 hrs):(LP 325-28-H)

(a) Training Facility Requirements:

Building 1445 (Specialized Classroom).

(b) Instructional Aids and Equipment:

NOTE: Based on forty (40) trainees per classroom.

Twenty (20) beds, each bed made up with:

One (1) mattress, innerspring.

Two (2) sheets, bed, cotton, white.

One (1) pillow, bed.

One (1) pillowcase, cotton, white.

Twenty (20) cabinets, bedside.

Twenty (20) soap dishes with soap.

Twenty (20) bottles, 8 oz, 70% alcohol.

Twenty (20) 1 oz containers of talc.

Twenty (20) chairs, straight.

Twenty-two (22) basins, wash, CRS, 9 qt.

Two (2) linen hampers.

Forty (40) coats, pajama, cotton, medium.

Forty (40) trousers, pajama, cotton, medium.

Forty (40) pairs slippers, patient, convalescent, size 2.

One-hundred-twenty (120) sheets, cotton, bed.

Forty (40) pillowcases, cotton, white.

Forty (40) washcloths.

Eighty (80) bath towels.

Twenty (20) cleaning rags.

Rectal thermometer tray with forty (40) thermometers.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practice of Nursing; TM 8-230.

(e) Training Objectives:

Trainee will practice giving a bed bath and making an occupied bed.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: There is to be a 30 minute break approximately at the middle of the class.

NOTE: Direct trainees to beds in groups of two and have them stand in front of bedside cabinet at each bed. Designate one trainee as #1 and other trainee as #2.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation.

a General Plan.

- 1) During the first two hours, the #1 trainee will be the "corpsman" and give a complete bed bath and make an occupied bed.
- 2) During the last two hours, the #2 trainee will be the "corpsman" and give a complete bed bath and make an occupied bed.

b Directions to instructors.

1) Primary instructor.

- a) Give instructions to "patients" (#2 trainees during first two hours).
- b) Give instructions to "corpsmen" (#1 trainees during first two hours).
- c) Supervise trainee performances and make individual corrections as necessary.
- d) Supervise trainees in straightening classroom at break and at termination of class.
- e) Instruct trainees about dress and conduct during break.

2) Assistant instructors.

- a) Supervise "patients" changing clothes.
- b) Supervise assembling and preparing equipment for bath and bed-making and care of equipment after the bath and bed-making.
- c) Handling of used and clean linen.
- d) Assist with supervising the cleaning and straightening of the classroom.
- e) Supervise trainee performances and make corrections as necessary.

c Directions to trainees.

1) #2 Trainees ("Patients").

- a) All "patients" get the pair of slippers from the bedside cabinet; be seated in the

chair; remove boots and socks and put on slippers.

- b) Place pillow (Loos 10) under the head of the bed.
- c) All "patients" on one side of the ward go to the utility room and change into pajamas.
- d) All "patients" on the other side of ward to the latrine and change into pajamas.
- e) All "patients" bring clothing back and put in bedside cabinet. Trainees are responsible for safeguarding their own valuables.
- f) "Patients" get into bed and pull up covers.

2) #1 Trainees ("Corpsmen").

NOTE: "Open" bed by fan-folding top sheet to foot of bed.

- a) Assemble equipment - Bedside cabinet should contain: Bath basin, emesis basin, soap dish/soap, alcohol and powder.
- b) Go to linen room and obtain proper linen.
- c) Place linen correctly.
- d) Take rectal temperature (reading is to be checked by instructor - do not record).
- e) Prepare equipment.
- f) Give the bath.
- g) Change the bed.

NOTE: Proceed with bath and changing the bed at the trainee's rate of speed.

- h) Care of equipment.
- i) After bath and making the bed is completed, have "patient" get out of bed and change into fatigues.
- j) "Corpsman" will make the bed with the two remaining sheets.

d Instructions for break.

NOTE: Break - 30 minutes

- e After the break, the #2 trainee will become the "corpsman" and the #1 trainee will become the "patient." The same procedure will be followed as carried during the first two hours.

3 Summary (3 min).



(4) Administration of Enemas (2 hrs):(LP 325-29-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-A-7 (Time - 48:56)

When TV not available:

Chalkboard, chalk and eraser.

One (1) table, folding, field.

One (1) chair, straight, without arms, hospital, ward, meta

One (1) bed, adjustable with covered mattress.

One (1) pillow, bed.

One (1) cabinet, bedside, metal.

One (1) pillowcase, cotton, white.

One (1) doll, nursing technique, DVC 8-1.

Two (2) sheets, bed, cotton white, 72" x 108."

One (1) enema set containing:

One (1) irrigation can, CRM, 2 qt with

One (1) tube, glass connector.

One (1) clamp, rubber tubing, shut-off plain.

One (1) tube, colon, surgical.

One (1) pajama trousers, medium.

One (1) pajama coat, medium.

One (1) tray, instrument, CRM 15½" x 9½" x 2"

One (1) cover, enema, tray, non-standard.

One (1) basin, emesis, CRM.

APP E, LOs (Cont'd)

One (1) cloth, coated (rubber sheeting) 18" x 18"

One (1) cover for rubber treatment sheet, non-standard.

One (1) graduate, liquid, laboratory, glass, 1000ml.

One (1) bar soap, milk, white.

One (1) bedpan CRS.

One (1) cover, bedpan, paper.

One (1) roll, toilet tissue.

One (1) ready-to-use-enema.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practices of Nursing; TM 8-273.

(e) Training Objectives:

1 Trainee will know that an enema is the introduction of solution into the rectum; and when this is done to cleanse the lower intestines or colon, it is called a cleansing enema.

2 Trainee will know that a cleansing enema will be given only upon the doctor's order for the following reasons: aid in elimination of body wastes, prepare patient for surgery, prepare patient for X-ray studies; and that doctor may specify solutions such as weak soap solution, tap water, or saline solution.

- 3 Trainee will know that a weak soap solution is made from milk soap (one ounce to one quart of water) and that tincture of green soap must never be used.
- 4 Trainee will know that it is very important to carefully prepare the solution, obtain the patient's cooperation, and note and report results accurately.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-A-7, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

NOTE: Prior to class place all equipment on a field table at front of classroom.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration.

a Definition - an enema is a rectal injection for treatment or diagnosis.

NOTE: Diagnostic enemas will not be discussed because this is an X-ray procedure.

b Types.

1) Cleansing enema.

NOTE: Give "Talk-through" demonstration of a cleansing enema at this time utilizing a demonstration mannequin.

2) Retention enema - Discuss only.

c Recording or reporting the enema.

d Suppositories: Describe and discuss.

3 Summary (3 min).

(5) Hot and Cold Applications (2 hrs): (LP 325-30-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-A-8 (Time - 58:08)

When TV not available:

One (1) basin, CRS, 9 qt.

One (1) pitcher, 1-1/8 qt.

One (1) glass, medicine, 30 cc

Three (3) towels, bath.

Two (2) rubber sheets, 18" x 18"

Two (2) covers, hot water bottle, non-standard

six (6) towels, paper

Two (2) combination hot water bottle - ice bags

One (1) heating pad, chemical, with stick and waterproof  
cover.

One (1) ice collar, rubber.

Chalkboard, chalk, eraser.

Two (2) tables, folding, field.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practice of Nursing

TM 8-230.

\*HumRRO-MTC produced.

(e) Training Objectives:

- 1 Trainee will know that some of the factors which affect the use of hot and cold applications are: the age and conditions of patient, temperature and duration of treatment, extent of body surface covered, and whether application is moist or dry.
- 2 Trainee will know that the main difference between the effects of hot and cold applications is that heat dilates while cold constricts blood vessels.
- 3 Trainee will know that the precautions which should be observed when applying cold are: always have a doctor's order; always cover any rubber or plastic items, such as an ice bag; observe the skin frequently during treatment for signs of mottling, numbness or pallor.
- 4 Trainee will know that in filling a hot water bottle, it should be 1/3 to 1/2 full, the reason being that it is more comfortable for the patient and its flexibility aids its effect, and that the hot water bottle must be covered before it is placed on patient.
- 5 Trainee will know that the degree of temperature of water should be not more than 125°F. when filling a hot water bottle.
- 6 Trainee will know that the skin should be checked frequently when a chemical heating pad is applied because the temperature of a chemical heating pad cannot be controlled.

7 Trainee will know that the purpose of the sitz bath is to relieve congestion in the anal or pelvic region.

8 Trainee will know that the purpose of the cold alcohol sponge bath is to reduce fever.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-A-8, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minutes of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and demonstration.

a Principles underlying the use of hot and cold treatments.

b Factors affecting the use of hot and cold applications.

c General effects of hot and cold applications.

d Cold applications.

1) Effects of cold.

2) Purposes of cold.

3) Methods of applying cold.

4) Precautions in the use of cold applications.

e Hot applications.

1) Effects of heat.

2) Purposes of applying heat.

3) Methods of applying heat.

4) Precautions in the use of hot applications.

f General precautions in the use of hot or cold applications.

3 Summary (3 min).



(6) Hospital Diets (1 hr): (LP 325-34-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-1 (Time - 38:12).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practice of Nursing;  
TM 8-500.

(e) Training Objectives:

Trainee will know some of the most common hospital  
diets and his role in patient nutrition.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
4-B-1, show it in appropriate sequence, and adjust the remainder  
of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation (45 min)

a Reasons for special diets.

b Authorization for special diets.

c Types of diets served in Army hospitals.

\*HumRRO-MTC produced.

1) Regular

2) Light

3) Soft

4) Liquid

5) Special

d Corpsman's role.

e Reporting and recording.

3 Summary (3 min).

(7) Fluid Balance Record (1 hr): (LP 325-35-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment Requirements:

TV Tape \*H-MTC 4-B-2 (Time - 19:00)

Chalkboard, chalk, eraser.

One (1) per trainee: Form DD 792; Intake and Output Worksheet,  
M 325-33-1.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practices of Nursing.

(e) Training Objectives:

Trainee will know the importance of maintaining an accurate  
fluid balance record and will fill out a simulated Intake  
and Output Worksheet (DD 792).

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-2,  
show it in appropriate sequence, and adjust the remainder of the  
instruction accordingly.

1 Introduction (2 min)

Cover scope, reason and importance.

2 Explanation.

a Definition.

- b The corpsman's responsibilities in maintaining an accurate I & O sheet.

NOTE: Point out "Intake Equivalent" at top of DD Form 792.

3 Application

a General Plan

- 1) Each trainee will have one (1) copy of:
  - a) DD Form 792.
  - b) M 325-33-1.
- 2) Individual trainees will solve problem presented on M 325-33-1 using DD Form 792 as a worksheet.

b Directions to trainees:

- 1) Read problem in paragraph 1, M 325-33-1.
- 2) Make correct entries in the appropriate column on DD Form 792.

c Directions to instructor:

- 1) Supervise trainees as they proceed with problem.
  - a) Answer individual questions.
  - b) Check final totals of intake and output.
- 2) Observe special points.
  - a) See that patient's name is on worksheet.
  - b) Check on entry of time, type and amount in correct space.
  - c) Note charting of intravenous fluids -  
Time started and total amount received.

d) Check urinary output.

e) Require neatness and legibility.

4 Summary - 3 min.

(8) Observation of the Patient (2 hrs): (LP 325-37-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-4 (Time - 63:58).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of Home Nursing, the American Red Cross Textbook of Medical-Surgical Nursing.

(e) Training Objectives:

- 1 Trainee will know that the corpsman is responsible for observing the patient's physical and mental condition.
- 2 Trainee will know that in order to become more skillful in observing the patient, he must increase his knowledge, take an interest in and develop a sympathetic understanding of the patient.
- 3 Trainee will know that the degree of consciousness from coma to complete consciousness, orientation, and reaction to stimuli.
- 4 Trainee will know that the general scope of the corpsman's observations of the patient includes: patient's appearance, sensations, and functioning of the body systems.

- 5 Trainee will know that when reporting symptoms, the patient is to be identified and the symptom is to be described.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-4, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute of instruction.

NOTE: 95 minutes will be allotted to the presentation of subject material itself.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation.

a Definition of "subjective" and "objective" symptoms.

b Points of observation.

- 1) The face
- 2) The nose and throat
- 3) Mouth
- 4) The voice
- 5) The skin
- 6) Weight
- 7) Sleep

- 8) General malaise
- 9) Pain
- 10) Nausea - vomiting
- 11) Bowel movements
- 12) Urinary disturbances

c Detection and recording of physical signs.

- 1) General appearance.
- 2) Facies, posture, movements and gaits.
- 3) Anemia and edema.
- 4) Facies in cachexia (define)
- 5) Facies in dehydration.
- 6) Facies in liver disease.
- 7) Posture.
- 8) Intra-abdominal disease.
- 9) Movements.
- 10) Chorea.
- 11) Gait.

d Reporting symptoms.

3 Summary (3 min).



(A) Intravenous and Blood Sampling and Urine Test (4 hrs) (IR 3323-3324)

(a) Training Facility Requirements:

Tent area or 2 adjacent classrooms.

(b) Instructional Aids and Equipment:

Clinitest tablets - 4 bottles

Syringes, 1cc disposable, non-sterile - 80

Saline, 30cc vial - 30 (may be opened)

2 x 2's - 5 pkg

Paper bags - 4

Adhesive tape, 3 in. roll - 8

Dressing set containing:

2 x 2's - 4

4 x 4's - 4

4 x 8's - 2

Paper cups - 36

Test tubes - 30

Eye droppers 30

Clinitest color chart - 30

Field table, folding - 40

Lab tables - 9

Waste baskets - 12

Folding chairs - 80

Flask, 1000cc - marked "saline, simulated - 30

Urine specimen bottles - 36

Four (4) packages 4 x 4's (dressings)

Two (2) packages 4 x 8's (dressings)

Forty (40) sutured laceration moulages

One (1) per two (2) trainees:

Checklist    (A) Injections, (B) Clinitest and  
(C) Surgical Dressings   .

One (1) per trainee: Written test.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All previous Nursing Science References.

(e) Training Objectives:

The trainee under supervision will perform satisfactorily  
identification of syringes and needles and prepare for  
tetanus typhoid injection; identification of syringes,  
prepare for tetanus injection, perform a clinitest,  
and apply a surgical dressing.

(f) Lesson Outline:

NOTE: Instruction Method: Practical Exercise followed by written test.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
4-A-1C, show it in appropriate sequence, and adjust the remainder  
of the instruction accordingly.

1 Introduction (2 min).

Cover scope, reason, and importance.

NOTE: Set up classrooms prior to class. Arrange the two rooms so that each  
pair of trainees is continuously occupied at a task.

2 General Plan.

a Instructions to trainees.

\*HumRRO-MTC produced.

- 1) Trainees will be paired off. Paired trainees will work together throughout the first three (3) hours of the period; pair members will be numbered #1 and #2.
- 2) One (1) checklist will be issued to two (2) trainees.
- 3) Initially, trainee #1 will perform the procedure(s) in the room initially assigned. Trainee #2 will use the checklist to ascertain that all steps in procedures are done correctly. After 40 minutes, Nos. 1 and 2 interchange duties performing the same procedure(s) in the same room.
- 4) After 80 minutes, trainees change rooms.  
The last hour is devoted to a written test.

b Instructor Activities.

NOTE: Classrooms will be set up to keep 20 trainees operational at all times.

NOTE: Excess chairs will be folded and placed out of the way until the next period - "Proficiency Test, Advanced Patient Care."

- 1) Divide class in half - direct one half to one classroom prepared for injections and clinitests and the other half to a classroom prepared for surgical dressings.
- 2) Supervise and assist trainees.
- 3) Direct flow of trainees so that all will have an opportunity to do procedures before break.

- 4) Have trainees switch classrooms after 80 minutes and a ten minute break; and proceed the same as for the first 80 minutes.
- 5) Tape moulage of surface laceration on trainees right arm for surgical dressing.
- 6) Observe trainee performance for problem areas.  
(Use for critique).

3 Practical Exercise (80 min)

NOTE: Distribute check lists.

- a Identification of syringes and needles and preparation for injection based on the following situation: The doctor has ordered that Sgt. Jones will receive tetanus toxoid 0.5cc subcutaneously. You are to prepare this injection, BUT you WILL NOT GIVE this injection to anyone. The only sterile syringe available is the 1cc (Tuberculin) syringe.

NOTE: The syringe here in this classroom is "simulated" sterile.

- 1) Identify syringe and needle commonly used for:
  - a) Subcutaneous injections.
  - b) Intramuscular injection.
  - c) Venipuncture.
  - d) Intradermal injection.
  - e) Make complete preparations for injection  
(up to but not to include injection).

- 2) Clinitest based on the following situation:

You have been assigned to do a clinitest on a

diabetic patient. Select the necessary equipment, and do the clinitest. Record.

- a) Clean urine specimen.
- b) Two (2) containers of tap water.
- c) Eye dropper.
- d) Bottle of clinitest tablets.
- e) Clinitest color chart.
  - 1) Do clinitest.
  - 2) Compare results with color chart.
  - 3) Record results.
  - 4) Clean used equipment.

- 3) Surgical dressings based on the following situation: You are working in the Emergency Room. SFC Kind has just been examined by the doctor. The doctor orders you to apply a dressing to a sutured laceration on this patient's left forearm. Secure the needed equipment from the supply area. DO NOT OPEN this equipment until you are at the patient's area. Your partner will be the "patient."

- a) Select dressing set.
- b) Open up dressing set.
- c) Clean around "wound."
- d) Apply simulated sterile dressing.
- e) Clean up equipment.

**BREAK 10 minutes**

4 Practical Exercise Continued (80 min).

NOTE: Trainees switch classrooms and instruction of the first 80 minutes is repeated.

BREAK - (10 Minutes)

5 Written test (25 min).

a Administer the written test.

NOTE: The Nursing Science Branch prepares a 50 item test covering essential knowledges in the Nursing area. A typical test item would be: Normal oral temperature for a human is \_\_\_\_\_ degrees (approx). The fill-in answer, of course, is 98.6°. (Score 2 points per test item).

6 Summary of entire period and discussion of written test items (25 min).

(10) Proficiency Test: Advance Patient Care I (4 hrs): (LP 325-33-H)

(a) Training Facility Requirements:

Tent area or two (2) classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

Field tables - 24

Metal trays,  $15\frac{1}{2} \times 9\frac{1}{2} \times 2$  - 10

Sponge containers - 6

Test tubes - 10

Eye droppers - 10

Test tube rack or holder - 5

Urine specimen bottles - 8

Plastic cups - 8

Wastebaskets - 4

Chairs, folding - 86

Syringes, 2cc - 16

Syringes, 1cc - 6

Needles: 23 Gauge - 6

25 Gauge - 6

21 Gauge - 12

18 Gauge - 6

Paper bags - 10

Syringes with needles, 1cc - 86

Normal saline, 30cc vials - 6

Clinitest tablets, bottle - 4

Food coloring, yellow, 1 oz bottle - 1

3 x 5 paper pads - 4

Dressing sets - 80

Ten (10) bottles, 8 oz, normal saline solution.

Three (3) packages, 2" x 2" gauze sponges.

Instructor's checklist and duties for testing surgical dressings, syringes and intradermal injection, clinitest and ward sanitation (locally produced).

Per trainee - Proficiency Test I Score Sheet (Locally produced).

\*H-MTC TV Tape 4-B-10 (Time - 10:00).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All previous NSB references.

(e) Training Objectives:

The trainee, without supervision, will perform satisfactorily identification of syringes and needles and prepare for Tetanus Typhoid injection; perform a clinitest, and apply a surgical dressing in a test situation.

(f) Lesson Outline:

NOTE: Instructional Method: Test and Explanation.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-10, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

\*HumRRO-MTC produced.



1 Introduction (2 min)

Cover scope, and test method (2 min).

NOTE: This 4-hour period is a continuation of Integrated Ward Session I in that it tests the trainees w/o supervision on the performances supervised in the previous period. The Integrated Ward Session I should immediately precede this period.

NOTE: Arrange Classroom and Equipment, consistent w/satisfactory AI supervision and grading.

NOTE: The cadre sergeant assigned to the class will hand out number badges to the entire class, recording each trainee's number on the class roster by trainee's name. The trainees then will be seated.

- a. During the next four (4) hours, procedures that have been seen and performed in the classrooms, will be done at testing stations. Specifically, these will be done at testing stations. Specifically, these will be the ones performed in the previous period.
- b. The performance of these procedures will be graded. Work will be independent.

NOTE: Breaks during the test are at the discretion of the PI.

2 Test Plan and Test (168 min)

- a General introduction to testing area is presented to all trainees building by one (1) instructor.
- b Number badges distributed by cadre sergeant will be secured to T-shirts, no jackets or name tags will be worn during testing.

APP E, LOs (Cont'd)

- c Cadre sergeant will record each trainee's number by his name on class roster.
- d Cadre sergeant will be responsible for discipline waiting area.
- e One (1) acting cadreman will direct flow of trainees to testing stations, so that all stations are in constant use. He will be tested last.
- f Trainees will perform procedures according to written and/or oral instructions at each testing station.
- g Equipment and materials are dispensed from a supply area in each classroom.
  - 1) Instructors are responsible for equipment being properly maintained and supplies kept at an operating level in assigned testing station.
  - 2) Instructors are responsible for ordering of supplies from CMS.
- h Performance testing is accomplished with the use of the grading sheet and score sheet as follows:  
PROFICIENCY TEST, ADVANCE PATIENT CARE I  

SURGICAL DRESSINGS (36 Points)	Points
Was dressing set opened properly?	6
Was forcep removed without contaminating dressing material?	3
Was 2 x 2 gauze square removed from stack and kept on sterile field?	

**SURGICAL DRESSINGS (continued) Points**

Was sponge made properly? 3

Was label on bottle checked before using? 3

Was cap on bottle inverted when placed on  
table? 3

Was label on bottle kept up when pouring  
solution? 3

Was sponge held well above basin when  
moistened? 3

Was solution bottle held well above sponge  
when moistening? 3

Was equipment removed from area to "Used  
Supply" area? 6

**SYRINGES AND INTRADERMAL INJECTION (54 Points)**

Select syringe and needle commonly used for  
a subcutaneous injection. (ANS: 2cc syringe,  
23 gauge needle) 3

Select syringe and needle commonly used  
for intramuscular injection. (ANS: 2cc  
syringe, 21 gauge needle) 3

Select syringe and needle used for an intra-  
dermal injection. (ANS: 1cc syringe,  
25 gauge needle) 3

Select syringe and needle that would be  
commonly used for venipuncture. (2cc  
syringe, 21 - 18 gauge needle) 3

SYRINGES AND INTRADERMAL INJECTION (continued)	Points
---	--------

What is the angle of injection for the subcutaneous injection? (45 degrees)	3
--	---

What is the angle of injection for the intramuscular injection? (90 degrees)	3
---	---

What is the angle of injection for the intradermal injection? (15 degrees)	3
---	---

What is the angle used to pierce the skin for venipuncture? (30 degrees)	3
---	---

Preparation of the intradermal injection:

Did trainee select a lcc or tuberculin syringe?	3
--	---

Was label on bottle checked for correct medication? (Normal saline)	3
--	---

Was bottle top (rubber stopper) thoroughly cleaned?	3
--	---

Was air injected into the bottle to displace the medication?	3
---	---

Was bottle label checked after with- drawing the medication?	3
---	---

Was air ejected from the syringe after the medication was withdrawn?	3
---	---

Did the trainee check amount of medica- tion after ejection of the air?	3
--	---

Does trainee have correct dosage of medication (0.1 or 1/10th cc)	3
--	---

<b>SYRINGES AND INTRADERMAL INJECTION</b>	<b>Points</b>
<b>(continued)</b>	

Was needle contaminated during preparation of injection?	3
---	---

Was needle covered with plastic cover prior to placing syringe on tray for disposal?	3
--	---

**CLINITEST (10 Points)**

Assemble equipment from supply area:

One test tube.	2
----------------	---

One eye dropper	2
-----------------	---

Container of water	2
--------------------	---

Container of simulated urine	2
------------------------------	---

Container of clinitest tablets.	2
---------------------------------	---

**1. Directions to trainees.**

1) Remove fatigue jackets and hang them  
on backs of chairs.

2) Keep number badge pinned to front of  
T-shirt during test period.

3) Follow acting cadreman's directions  
concerning reporting to individual  
testing station.

**1. Instructor Activities:**

1) One (1) ANC officer will supervise or teach  
as the assignment dictates.

a) Supervise instructors.

- b) Supervise trainees to evaluate their performance of procedures.
- c) Ascertain that class attendance record is made by cadre sergeant.
- d) Compile all trainee grades.
- e) Perform administrative functions relative to overall operations of testing area.

k NCOIC activities

- 1) Assist the ANC officer in supervision of overall instruction.
- 2) Check trainee roster for accuracy of class attendance.
- 3) Give general orientation to testing area.
- 4) Assist with the evaluation of instructor's performance.
- 5) Requisition, dispense, and receive all testing area supplies and equipment.
- 6) Assist with the administrative functions relative to testing operations.

l Instructor at each testing station will:

- 1) Assume role of moderator.
- 2) Make certain testing station is set up prior to class' arrival.
- 3) Direct and supervise trainee's performance by:
  - a) Following instructor's guidelines.

(See Annex A).

- b) Grade trainee at testing station on each procedure, referring to the grade sheet for evaluation points.
- 4) Critique class performance only at the end of the four (4) hour period to insure a fair testing program.
- 5) Transfer trainee grades to Master Score sheet.
- 6) Direct and supervise trainee performance in ward sanitation.
- m Conduct the Practical Exercise.
  - 1) Procedures performed by the trainees will be done on a rotation basis at each of the testing stations for evaluation of points.
  - 2) Detailed content of exercise is outlined in Instructor's Guidelines, produced locally.
- n Grade performance of trainees.
  - 1) Procedures will be graded on a point system as follows:
    - a) Identification of syringes and preparation of intradermal injections 54
    - b) Surgical dressings 36
    - c) Clinitest 10
  - 2) Instructors will record the number of incorrect responses given by a trainee.
  - 3) The number of incorrect responses will be recorded by each trainee's number on the score sheet.

- 4) The total number of incorrect responses per trainee will be recorded on the "master" score sheet at the end of the four (4) hour testing period.
  - 5) The trainee's grade will consist of the total number of points retained at the end of the testing period, after incorrect responses have been deducted from 100 points.
  - 6) Copies of the individual trainee grade will be submitted for record.
- 3 Introduce the tape 4-B-10 at the end of the period, summarize and critique (15 min).
- 4 Ward Sanitation - clean up and place equipment in order (15 min).



(11) The Army Medical Service (2 hrs): (LP 325-23-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-A-1 (Time - 54:00)

When TV not available:

Chalkboard, chalk, and eraser.

One (1) Vu-graph projector.

One (1) Projector, 16mm.

Three (3) Vu-graphs, V 325-1-1, V 325-1-2, and V 325-1-4.

One (1) Training Film, RF 8-2 "U.S. Army Medical Team."

(c) Trainee Equipment Requirements:

As specified by Unit SGR.

(d) References: TM 8-230; FM 8-5; FM 8-10.

(e) Training Objectives:

Trainees will know:

1 The branches of the Army Medical service.

2 The functions of branches of the Army Medical Service.

3 The types of installations where Medical Corpsmen are assigned.

4 The value of good interpersonal relationships.

5 Common admission procedures of a military medical facility.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

\*HumRRO-MTC produced.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-A-1, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute period of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation.

a Definition.

b Purpose.

NOTE: Introduce Training Film (TF 8-2) U.S. Army Medical Team.

1) Show the film.

2) Critique the film.

c Branches of the Army Medical Service and their functions.

1) Doctor, Medical Officer, Medical Corps (MC).

2) Nurse, Army Nurse Corps (ANC).

3) Army Medical Specialists Corps (AMSC).

4) Dentist, Dental Corps (DC).

5) Veterinarian, Veterinary Corps (VC).

6) Medical Service Corps (MSC).

7) Enlisted Medical Corpsmen and Medical

Specialists: Army Medical Service (AMedS).

\*HumRRO-MTC produced.

a) Enlisted women (Women's Army Corps).

b) 91A10 Medical Corpsmen.

NOTE: Show Vu-graph V 325-1-1 and discuss.

c) 91B20 Medical Specialist.

NOTE: Show Vu-graph V 325-1-2 and discuss.

d) 91C20 Clinical Specialists.

NOTE: Show Vu-graph 325-1-4 and discuss.

d Persons entitled to care in Army medical treatment facilities, in order of priority.

e Importance of good interpersonal relationships in patient care.

f Usual admission procedures.

g Summary (3 min).

c. Ward Treatment Procedures II

(1) Surgical Dressings II (2 hrs): (LP 325-25)

(a) Training Facility Requirements:

Specially equipped classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

\*H-MTC TV Tape TVA 325-24 (AIT) Second Segment

(Time - 32:30)

NOTE: Based on maximum of eighty-five (85) trainees.

1. EXERCISE A

Ten (10) bed units (complete with rubber treatment sheet  
on foot of bed)

Two (2) wastebaskets

Five (5) carts, surgical dressing, each containing:

Two (2) jars, surgical dressing, containing pads,  
surgical, 4 x 4, sterile simulated.

Two (2) bottles, hydrogen peroxide solution, simulated  
8 ounces.

Two (2) jars, forceps, 7 5/8 inches.

Two (2) forceps, gauze pad holding, straight

One (1) pair scissors, bandage, 7½ inches

One (1) jar, surgical dressing, containing pads,  
surgical, 4 x 8, sterile, simulated

Two (2) forceps, gauze pad, holding straight--in case  
of contamination.

Ten (10) moulages wound with sutures non-standard

Five (5) sheets, bed, cotton

\*HumRRO-MTC produced.

Five (5) jars, surgical dressing, containing ASD pads,  
sterile, simulated

Six (6) jars, surgical dressing, containing hand towels,  
simulated sterile

One (1) pkg (100) gauze surgical, 4 x 4 gauze

One (1) pkg (100) gauze surgical 4 x 8 gauze

Two (2) tubes, lubricant, surgical

Twelve (12) sheets newspaper

Two (2) pkg paper towels

Twenty-six (26) each, 2 forceps per set wrapped sterile,  
simulated (13 forcep sets to be used by each section of  
45 trainees)

Twelve (12) cleaning rags

Two (2) rolls adhesive tape, 2 or 3 inches width

NOTE: Based maximum of eighty-five (85) trainees

## 2. EXERCISE B

Ten (10) bed units

Five (5) tables, folding, laboratory

Five (5) wastebaskets

Two (2) pails, CRS, (10 quart)

Three (3) washbasins (4½ quart)

Eight (8) jars, forceps, 7 5/8 inches

Eight (8) forceps, gauze pad holding, straight

Ten (10) trays, CRS, medicine, 5/8 x 12 x 18 inches

One (1) roll, masking tape

APP E, LOs. (Cont'd)

Ten (10) rubber treatment squares

Ten (10) moulages infected wound, non-standard

Ten (10) dolls, training, nursing technique, adult size

Six (6) jars, surgical dressing, containing hand towel,  
simulated sterile

Twelve (12) sheets, newspaper

Two (2) pkg paper towels

Two (2) pairs, scissors, bandage, 7½ inch

Six (6) bottles, 1000cc, containing simulated normal saline,  
simulated sterile

Two (2) rolls, adhesive tape - ½ inch or 1 inch width

Twenty (20) ABD pads, clean only

Twenty-six (26) emesis basins, CRS, simulated sterile

Twenty-six (26) dressing sets, sterile simulated made with:

One (1) wrapper, sterilization, 24-inch square

Two (2) forceps, Kelly

Eight (8) 4 x 4 gauze sponges

One (1) ABD pad

Twenty-six (26) basin sets, sterile simulated, made up with:

One (1) wrapper, muslin, 24" x 24" square

One (1) sponge basin

Two (2) 4 x 4 gauze sponges

One (1) asepto eye syringe

Six (6) cleaning rags

One (1) wrapper, muslin, 36" x 36"

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

## (d) References:

All previous references on patient care.

## (e) Training Objectives:

- 1 Trainee will know that aseptic technique must be used consistently when caring for any wound or applying any dressing.
- 2 Trainee will know that the principles of aseptic technique must be followed when using the dressing cart.
- 3 Trainee will know that the dressing cart will not be taken into a contaminated area.
- 4 Trainee will become proficient in changing a dressing, utilizing the tray method, cleaning a wound and irrigating a wound.

## (f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC TVA 325-24 (AIT - Second Segment), show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Introduction (2 min)  
Cover scope, reason, and importance.
- 2 Application - Exercise A - Change a clean dressing, clean the wound, reinforce the dressing and clean the dressing cart (48 min).

NOTE: Prior to class:

1. Apply a dressing on simulated wound on trainee's arm and apply blood (simulated) and surgical lubricant to wound and resecure dressing.
2. Each dressing cart contains:  
Two transfer forceps and containers; two GRS containers, of 4 x 4s; One GRS container of 4 x 8s; One GRS container of towels; One GRS container of ABD pads; Newspaper; Two forcep sets (each containing two forceps).

a General Plan.

- 1) Ten (10) patient units utilized with at least three (3) trainees per unit.
- 2) Ten (10) trainees with simulated arm wound act as patients.
- 3) Number trainees in groups at each unit.
  - a) Trainee #1 - Removes old dressing, cleans and dries wound.
  - b) Trainee #2 - Cleans and dries wound, applies new dressing.
  - c) Trainee #3 - Assistant at Cart.
  - d) Trainee #4 - Reinforces dressing and cleans cart.

b Directions to trainees

- 1) Trainees place gear well underneath head of bed and stand at head of bed.
- 2) Trainees wash hands (simulate).

NOTE: If three (3) trainees are at each unit, trainee #3 will assume duties of trainee #3 and 4.



c Instructor activities.

- 1) Primary.
  - a) Direct trainees in activity.
  - b) Supervise four (4) units.
- 2) Secondary.
  - a) Supervise six (6) units.
  - b) Supervise clean-up area.
  - c) Assist with preparation of classroom and equipment.

d Conduct practical exercise step-by-step.

NOTE: Direct #1 trainee to move to bedside and #3 trainee to act as his assistant at cart.

1) Procedure for changing a dressing.

NOTE: After drying the wound, direct #1 trainee back to head of bed and #2 corpsman to bedside. Have #2 trainee repeat procedure of cleaning and drying wound.

NOTE: After dressing change is completed, direct trainee #3 to return to head of bed and trainee #4 to bedside.

- 2) Procedure of reinforcing a dressing.
- 3) Procedure for cleaning cart.

BREAK - 10 minutes

SECOND HOUR

3 Application - Exercise B - Irrigation and Dressing

Change of an Infected Draining Wound.

NOTE: Prior to class: Instructor loosens each dressing on arm of "patient," applies surgical lubricant and simulated blood to wound and resecures dressing.

a General plan.

- 1) Ten (10) bed units will be used with a minimum of three (3) trainees per unit.
- 2) Number trainees at each unit.

NOTE: Rotate trainees so that each plays a different role than in 1st hour.

- a) Trainee #1 - prepare sterile tray and takes equipment into patient.
- b) Trainee #2 - Removes old dressing and cleans and dries wound.
- c) Trainee #3 - irrigates wound and cleans and dries wound.
- d) Trainee #4 - applies new dressings and disposes of equipment.

b Directions to trainees;

- 1) Trainees - wash hands.
- 2) Other trainees stand at head of bed and observe.

c Directions to instructors:

- 1) Primary instructor:
  - a) Direct trainee activities.
  - b) Supervise one (1) work table.

NOTE: Have 4 trainees prepare equipment at 2 end tables, then remaining 6 using all 3 tables (See Annex B, j2).

- c) Supervise one-half of units.
- 2) Secondary instructor.
  - a) Supervise one (1) work table.
  - b) Supervise one-half of units.

d Conduct practical exercise step-by-step.

- 1) Prepare tray with sterile equipment to take to patient unit (trainee #1).

NOTE: After #1 trainee has prepared the tray and taken it to the patient unit. Direct #1 trainee to head of bed and #2 trainee to bedside as corpsman.

NOTE: After #2 trainee has cleaned wound edges, direct #2 trainee to return to head of bed and #3 trainee to continue procedure.

NOTE: After #3 trainee has cleaned the wound, direct #3 trainee to return to head of bed and #4 trainee to continue procedure.

4 Summary (3 min).

(2) EENT Procedures (2 hrs): (LP 325-36-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment Requirements:

\*H-MTC TV Tape 4-B-3 (Time - 68:45)

Solution.

Asepto Syringe

Large wash basin

Cotton pledgets

Paper bag

Rubber treatment sheets

Towel, four (4) each

Safety pin

Eye drops (saline solution)

Emesis basin

Eye ointment (boric acid ophthalmic ointment)

Package 4 x 8 gauze squares

Tray, CRS

Pomeroy syringe

Ear irrigator (rubber)

Simulated nose drop

Hand atomizer

One (1) overhead projector

Vu-graphs 327-10-1a and 1b, 327-10-2 and 327-10-8

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practice of Nursing  
Care of the Adult Patient.

(e) Training Objectives:

The trainee will know the anatomy of the eyes, ears and  
throat, the common ailments, common procedures for  
treating, and treatment recording procedures.

(f) Lesson Outline:

NOTE: Instructional Method: Conference, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC  
4-B-3, show it in appropriate sequence, and adjust the remainder  
of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstrations

a Review of Eye Anatomy

1) Conjunctiva

NOTE: Show Vu-graph 327-10-1a.

2) Eyelids

3) External eye anatomy

NOTE: Show Vu-graph 327-10-1b.

b Eye treatments

1) Eye irrigation

2) Eye instillations

NOTE: Show Vu-graph 327-10-2

\*HumRRO-MTC produced.

3) Eye Medications.

4) Compresses.

BREAK - 10 Minutes.

SECOND HOUR.     3 Explanation and demonstrations (continued).

a Ear Treatments.

        1) Review of ear anatomy.

NOTE: Show vu-graph 327-10-8.

        2) Ear irrigations.

b Nasal treatments.

        1) Nose drops.

        2) Spraying the nose and throat.

        3) Throat treatments.

            a) Throat irrigations.

            b) Gargles (explain only).

4 Summary (2 min).

(3) Introduction to Communicable Diseases (2 hrs): (LP 325-38-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-5 (Time - 67:03)

Chalkboard, chalk, podium

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Control of Communicable Diseases in Man.

(e) Training Objectives:

The trainee will know the common terms associated with communicable diseases, modes of transmission of infection, techniques to prevent spread of common communicable diseases, to include diseases common to South East Asia.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, and Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-5, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance

2 Explanation (48 min)

a Definitions - Communicable Disease, Communicable period, Epidemic, Carrier, A Contact, Incubation Period, Isolation, Concurrent Disinfection, Terminal Disinfection.

b Modes of transmission of infection:

- 1) Direct contact,
- 2) Indirect contact
- 3) Droplet spread
- 4) Inoculation into the blood stream.

c Techniques to prevent the spread of disease:

- 1) Skin cleaning
- 2) Use of gowns, masks, gloves

d Preventive measures:

- 1) Hygiene
- 2) Rest
- 3) Diet
- 4) Vaccines
- 5) Isolation
- 6) Destroying the breeding places
- 7) Disinfection

e Common childhood communicable diseases seen among troops:

- 1) Measles
- 2) Mumps
- 3) Chickenpox

BREAK - 10 minutes

3 Introduction, 2nd hour (2 min)

Cover scope, reason, and importance (emphasis on South East Asia).



4 Explanation (46 min)

- a Cover malaria, infectious agent, mode of transmission, diagnosis, prevention.
- b Amebiasis (Amebic Dysentary) - Mode of transmission, preventive measures.
- c Hepatitis, infectious - Mode of transmission, preventive measures.

NOTE: Hepatitis is common in the United States at the present time.

- d Dengue fever - Mode of transmission, prevention.
- e Dysentary, bacillary - Mode of transmission, preventive measures.
- f Control of all communicable diseases. Food, fluid, fingers, flies, feces.

5 Summary (2 min).

(4) Introduction to Isolation Techniques (4 hrs): (LP 325-39-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

Four (4) beds, Gatch, with mattress and linen

Four (4) bedside cabinet

Eight (8) screens, bedside

Four (4) Waste receptacles, step-on type

Four (4) stands, basin, with two (2) basins, wash

Four (4) stands, irrigator, Ch S.

Four (4) table, folding, laboratory

Four (4) frame, cloth basket with bag marked "contaminated"

Four (4) jars, surgical dressing.

Twenty (20) gowns, operating, surgical, medium

Four (4) pkgs, towels, paper

Four (4) sign "Isolation."

Six (6) paper bags of mask, surgical gauze

Four (4) sets of bed linen

Four (4) bars soap

Four (4) basins, wash, or substitute for washing hands

One (1) roll masking tape

Four (4) bed pans

Six (6) cleaning rags

Four (4) urinals

Four (4) bags, paper

\*H-MTC TV Tape 15-10-C (Time - 40:36)

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Communicable Diseases in Man - Pullin; Bedside Nursing Techniques; Practical Nursing.

(e) Training Objectives:

- 1 Trainee will know that in selecting an area in the open ward to set up an isolation unit, the place of choice would be the furthest end of the ward.
- 2 Trainee will know that handwashing is the most important single factor in preventing the spread of communicable disease.
- 3 Trainee will know that solution in the hand basins should be changed at least three times a day.
- 4 Trainee will know that mask is to be worn only once, then discarded in container of "Soiled Masks."
- 5 Trainee will know that mask is changed when it becomes moist.
- 6 Trainee will know that the parts of an isolation gown which are considered relatively clean are the neckties, neckband and inside the gown.
- 7 Trainee will know that running water is preferable to basin technique for hand washing.
- 8 Trainee will know that masks are to be handled by strings and edges only.

- 9 Trainee will know that gown must be changed at least once daily and whenever moist, soiled, or when otherwise required.
- 10 Trainee will know that when working with communicable disease patients, some areas which are considered clean are the nurse's station, supply and linen closets, kitchen and corridors.
- 11 The trainee will assemble all equipment before entering an isolation unit.
- 12 Trainee will know that masks must be removed with forceps from containers.
- 13 Trainee will enter an isolation unit with a clean article which is to be kept clean, it can be carried on a paper towel.
- 14 Trainee will handle linen in an isolation unit carefully by folding or rolling into a tight bundle and to avoid shaking or flapping.
- 15 Trainee will know that for brief visits into the isolation unit, when no physical contact with the patient is to occur, a mask is the only protection needed.
- 16 Trainee will clean the isolation unit, damp dust cloth and damp mop are to be used.
- 17 Trainee will know that the isolation unit should be well ventilated.
- 18 Trainee will know that the "discard gown technique" means to use a clean gown once and discard (when the supply of gowns is unlimited).

- 19 Trainee will know that "terminal disinfection" means the disinfection measures carried out when patient is discharged.
- 20 Trainee will know that the gown and mask are worn only in the isolation area.
- 21 Trainee will know the definition of cross infection.
- 22 Trainee will properly apply the mask and gown, remove mask and gown, and do terminal disinfection of an isolation unit.

(f) Lesson Outline:

NOTE: Instructional Method: Explanation, Demonstration and Application.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 15-10-C, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Introduction (2 min).  
Cover scope, reason and importance.
- 2 Explanation and demonstration (48 min).
  - a Definitions: Isolation, isolation technique.
  - b Purpose - Prevent transmission of a communicable disease.
  - c General factors.
    - 1) Establishing the unit.
    - 2) Contaminated areas in unit.
  - d Equipment: Gown, mask, cap, soap, running water, paper towels, waste disposal.

e Rules governing individual protective devices:

Gown technique, mask, hands, cap, gloves.

f General measures: Linen, garbage, dishes, urinals,  
care of contaminated articles used in procedures.

g Terminal disinfection - Patient, furniture, mattress,  
floor, air unit.

3 Demonstrations

NOTE: Four identical isolation units are set up; one is used for the demonstration.

a Explain components of an isolation unit.

NOTE: The demonstration unit will be at the far end of the ward with the bed screened off.

1) Outside of entrance - clean gowns and masks  
placed outside the door.

2) Inside patient's unit - gown, hand basin stand,  
wastebasket with large paper bag, Wecodyne solution,  
laundry hamper, bed with linens, beside cabinet.

b Handling individual protective devices.

1) Discard gown technique.

2) Re-use method.

3) Putting on the mask.

4) Selecting gown.

5) Putting on gown.

6) Removing the gown.

7) Removing the mask.

BREAK - 10 minutes

4 Practical Exercise (145 min)

- a Instructors will arrange equipment for the PE with 4 identical isolation areas.
- b Write steps of procedure for putting on and removing the mask and gown on chalkboard.

NOTE: A 10 minute break is taken at the end of each 50 minutes of Practical Exercise.

c Instructors Activities.

- 1) Divide trainees into 4 equal groups, each under an instructor, and assign each group to one of the 4 isolation units, where they remain for remainder of the period.
- 2) Instructors at each isolation unit divide trainees into appropriate groups and give step-by-step instructions to members of their groups in the following, having a trainee or trainees carry out procedures:
  - a) Measures for care of line, garbage, contaminated articles, urinals, bed pans.
  - b) Handle linen properly.
  - c) Terminal disinfection (describe steps only).
  - d) Selecting a gown.
  - e) Hang gown outside unit (folding properly).
  - f) Hang gown inside unit (folding properly).
  - g) Putting on gown and mask.
  - h) Taking off gown and mask.
  - i) Enter and exit from room with clean linen.
  - j) Clean an Isolation Room.

- 3) After the first step-by-step instruction, each trainee will give step-by-step instruction to the next trainee under supervision of the instructor.
- 4) Instructors will supervise and correct as necessary.
- 5) Instructors will rotate men in their groups until all have performed individually all tasks in 2) above.
- 6) If trainees need to repeat the procedures to correct errors, they will be required to do so, as time permits.

5 Summary (5 min).



(5) Administration of Oral Medication (2 hrs): (LP 325-40-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-7 (Time - 71:09)

When TV not available:

NOTE: All equipment simulated - no actual drugs used.

One (1) chalkboard, chalk, eraser

One (1) cart, medicine, CRS, containing:

One (1) container, water, CRS, with lid

One (1) tray, misc., CRS, with cover

One (1) cabinet, medicine, CRS, containing:

One (1) box, file, with hourly division cards

Ten (10) cards, medicine, DA Form 8-244, blank

Three (3) cards, medicine, DA Form 8-244, with

following:

NAME:	Doe, John L.	Smith, James	Brown, John
Rm Bed:	10 1	9 2	8 3
	Terramycin PO	Elix.	Tinc
		Phenobarb	Belladonna
Dose:	500 mg-QID	10 cc QID	gtts $\bar{v}$ QID
Time to be			
Given:	9-1-5-9	9-1-5-9	9-1-5-9

\*HumRRO-MTC produced.

NOTE: Instructor will see that all items left in building will be placed in a locked compartment of the medicine cabinet between classes. Following items will remain in the top compartment of the medicine cabinets:

- #1. Acetylsalicylic Acid (Aspirin - ASA) gr v - simulated
- #2. APC - simulated
- #3. Ascorbic Acid 50 mg - simulated
- #4. Digitalis 0.1 mg - simulated
- #5. Chloromycetin 250 mg - simulated
- #6. Decavitamin tablets - simulated
- #7. Darvon 65 mg - simulated
- #8. Dilantin 50 mg - simulated
- #9. Erythromycin 250 mg - simulated
- #10. Neomycin 250 mg - simulated
- #11. Nicotinic Acid 50 mg - simulated
- #12. Phenobarbital 30 mg - simulated
- #13. Benadryl 50 mg - simulated
- #14. Reserpine 50 mg - simulated
- #15. Penicillin 250,000 u. - simulated
- #16. Tetracycline 250 mg - simulated
- #17. Temaril 5 mg - simulated
- #18. Thorazine 25 mg - simulated
- #19. Thorazine 50 mg - simulated
- #20. Cortisone Acetate 25 mg - simulated

Four (4) bottles, medicine, liquid, 60 cc, with screw cap and simulated medication labeled as follows:

- #1. Elix Terpin Hydrate with codeine - simulated (clear)
- #2. Brown's mixture - simulated (brown)
- #3. Milk of magnesia - simulated (white)
- #4. Aluminum Hydroxide gel simulated (white)

Two (2) bottles, medicine, liquid, dropper caps, containing simulated medication and labeled as follows:

- #1. SSKI - simulated (clear)
- #2. Neosynephrine  $\frac{1}{2}\%$  - simulated (clear)

One (1) model DA Form 8-244, card, medicine, acetate covered

One (1) model, DD Form 728, doctor's orders, acetate covered.

One (1) bottle, medicine, prescription, brown, 60cc,  
with screw cap and simulated medication and  
following label:

Terramycin 250 mg - simulated

One (1) bottle, medicine, liquid, 60cc, with screw cap  
and simulated medication (red) and labeled as follows:

Elix Phenobarbital 15 mg per 5 cc--simulated.

One (1) bottle, medicine, liquid, 30 cc, with dropper  
type cap, simulated medication (green) and labeled  
as follows:

Tinc. Belladonna - simulated

One (1) package, straws, drinking, plastic

One (1) box, tissues, facial

Two (2) pencils, grease, black

One-hundred (100) glasses, medicine, plastic, 30cc,  
disposable

Three (3) cards, medicine, DA 8-244, blank

Two (2) rags, cleaning

Four (4) cups, paper, drinking, 8 oz

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230 (May 1961) as changed, Para 250-254, 261, 463-467,  
pp 205-210, 215, 358, 359, Harmer, Bertha and Henderson,  
Virginia, Textbook of the Principles and Practices of Nursing,  
5th Edition (Revised), the MacMillian Co., New York,  
1957, pp 693-710; Administration of Drugs, USAF FTA 367;  
Oral Administration of Medications, USN MN-8576; An Ounce  
of Prevention, AFIP-211.

(e) Training Objectives:

- 1 Trainee will know that an order for a medication must  
be written and signed by a doctor.
- 2 Trainee will know always to follow the principles of  
preparation, administration and reporting of  
medications.
- 3 Trainee will know that any medication which has changed  
in color, consistency or odor is not used.

APP E, LOs (Cont'd)

- 4 Trainee will know that medicine card serves as label for poured medications.
- 5 Trainee will know to file medicine cards in proper place in file box.
- 6 Trainee will know that when the doctor has discontinued the order for a medication, the "medicine card" should be destroyed.
- 7 Trainee will know to keep medicine cabinet locked when not in use.
- 8 Trainee will know that common abbreviations are accepted everywhere and will know these abbreviations.
- 9 Trainee will know to read label three times:  
Before pouring, after pouring, and as he checks the label on the bottle with the medicine card and returns the bottle to the shelf.
- 10 Trainee will know to shake liquid medicine before pouring.
- 11 Trainee will know that when pouring a medicine, he must concentrate on what he is doing and think of nothing else.
- 12 Trainee will know that when assigned to administer a medication of any type, he is to give the right

medication to the right patient in the right  
amount in the right way at the right time.

- 13 Trainee will become proficient with the equipment used to administer medications, with the interpretation of doctor's orders and instructions on medicine cards, and the responsibilities in regard to the administration and recording of medications.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-7, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration (95 min).

NOTE: A ten minute break is taken at end of first 50 minute of instruction.

a Definitions: Medicine (Drug), Administration of Medications.

b Purposes of Administration of Medications:  
To aid in diagnosis - to treat diseases or correct abnormal physical conditions, to prevent disease.

\*HumRRO-MTC produced.

c Principles of Administration of Medications.

Right dose, right medication, right patient,  
right way, and right time.

d Methods or routes of administering medications

which the doctor may order: Oral, injections,  
mucosal absorption, topical absorption.

e Explanation of equipment to administer  
medications:

- 1) Doctor's orders: Written by the medical  
officer, not be stopped, changed, added to,  
or altered, transcribing doctor's orders.
- 2) Medicine Card: Purposes, information on  
medicine card (DA Form 8-244), care of the  
medicine card.
- 3) Medicine glass: Purposes, characteristics,  
care of medicine glass.
- 4) Medicine cart (Medi-kar): Purposes,  
characteristics.
- 5) Medicine cabinet: Purposes, characteristics,  
care of medicine cabinet.
- 6) Medicine bottle: Purposes, important points.

f Procedure for the preparation and administration  
of medications.

NOTE: Explain: Place doctor's order chart on chalkboard and explain that nurse has made the medicine cards.

1) Preparation of equipment.

2) Preparation of medications -

undivided attention with no interruptions is essential. Liquids - except drops.

NOTE: Read card to trainees -  
use card for terramycin.

NOTE: Read label aloud to trainees.

NOTE: Read card for phenobartital elixir.

NOTE: If color has changed or sediment is present do not use the medicine.

NOTE: Read card for Tinc. of Beeladona.

3) Administration of the prepared medication.

NOTE: Do not release medication to trainee.

4) Observation and recording.

3 Summary (3 min).



(6) Sterile Glove Technique (1 hr): (LP 325-41-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-8 (Time - 22:48)

NOTE: Based on maximum of eighty (80) trainees.

Chalkboard, chalk, eraser.

One (1) lecturn.

One (1) table, folding, field.

Two (2) wastebaskets.

Handwashing facilities.

Eighty-five (85) pairs surgical gloves, size 8.

Eighty-five (85) wrappers, glove.

One-hundred-seventy (170) packets dusting powder.

Two (2) bags, paper, 10 lb.

Two (2) cleaning rags.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-275 CMS (April 61); Introduction to Operating Room  
Technique.

(e) Training Objectives:

1 Trainee will know that sterile gloves are worn during  
certain procedures and treatments, to prevent

\*HumRRO-MTC produced.

micro-organisms on the hands from being transferred to the patient, and that the hands must be thoroughly washed and dried before putting on gloves.

- 2 Trainee will know that when putting on sterile gloves, the bare hands or skin must not touch any part of the gloves that will contact sterile field.
- 3 Trainee will know that the sterility of gloves must be safeguarded after the gloves are put on.
- 4 Trainee will know that the bare skin or hand is protected from contamination when removing soiled gloves.
- 5 Trainee will properly perform the technique of gloving.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, and P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-8, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Introduction (1 min)  
Cover scope, reason, and importance.
- 2 Explanation, Demonstration and Application (47 min).
  - a Purposes of use of gloves.
  - b Preparation of gloves.
  - c Familiarization with wrapped gloves.

NOTE: 1. Primary instructor demonstrates opening of package and removal of gloves from wrapper.

\*HumRRO-MTC produced.

2. Trainees will carry out simultaneous application.
3. Assistant instructors distribute one pair of gloves and a packet of cream to each trainee and supervise and give assistance to individual trainee as needed.

d Demonstration/application of gloving technique.

NOTE: At end of removing gloves, replace gloves in wrapper.

e Practical Exercise.

3 Summary (2 min).

(7) Catheterization (Male) (2 hrs): (LP 325-42-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers  
and special building 3898E.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-9 (Time - 41:53)

Per forty (40) trainees:

1st hour:

One (1) chalkboard, chalk, eraser each.

One (1) table, field.

Forty-one (41) catheter trays, disposable.

2nd hour: Building 3898

Twenty (20) beds, hospital.

Twenty (20) bedside cabinets.

Twenty (20) chairs, folding.

Twenty (20) chase dolls.

Twenty (20) catheter trays containing:

One (1) hand towel, 2 catheters.

One (1) needle jar, uncapped.

One (1) urine specimen bottle.

Two (2) gauze sponges, Kelly forceps.

One (1) Diack.

\*HumERO-MTC produced.

APP E, LOs (Cont'd)

Twenty (20) rubber sheets, treatment.

Twenty (20) sterile forceps, wrapped.

Forty (40) pair sterile gloves.

One (1) box Bio-sorb.

Twenty (20) tubes sterile lubricants.

Twenty (20) bottles cleansing solution

(simulated sterile).

Forty (40) unsterile hand towels.

Twenty (20) kidney basins, unwrapped.

One (1) package 4 x 4s.

When TV not available:

One (1) projector, 16 mm.

Film TF 8-3121 "Catherterization Technique."

(Time - 8 min).

(c) Trainee Equipment Requirements:

As specifid by Unit SOP.

(d) References:

Lippincott's Quick Reference Textbook of the Principles  
and Practice of Nursing.

(e) Training Objectives:

- 1 Trainee will know the purposes of catheterization  
of urinary bladder.
- 2 Trainee will know necessity for maintaining sterile  
technique before and during procedure.

- 3 Trainee will learn equipment required and procedure for catheterization of urinary bladder.
- 4 Trainee will learn cleaning and care of equipment following catheterization.
- 5 Trainee will learn how to report results obtained.
- 6 Trainee will know how to perform the catheterization procedure of the urinary bladder.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration, P.E.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-9, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

- 1 Introduction (2 min).  
Cover scope, reason, and importance.
- 2 Explanation and Demonstration (48 min).
  - a Definition - urinary catheterization.
  - b On a doctor's order.
  - c Purposes of catheterization.
  - d Faultless sterile technique.
  - e Training film.
    - 1) Introduce show and critique TF 8-3121.  
Catheterization Technique (18 min).

NOTE: Answer any questions at this time.

NOTE: Hand out, one per trainee, a catheter tray, disposable.

\*HumRRO-MTC produced.

NOTE: Have trainee open with instructor - using prescribed care and steps.

NOTE: 1. Instructor read directions on kit, answer any questions about disposable unit. Have trainees replace all equipment and pass sets back to instructor.

2. Disposable equipment is not always available because of supply lines. Disposable equipment is made by many different medical supply companies. Always read directions.

3. Have trainees report to Building 3898 E after the break.

BREAK - 10 MINUTES

SECOND HOUR - Urinary Catherization (Bldg 3898 E)

3 Practical Exercise (47 min).

NOTE: 1. Prior to class, place sterile catheter sets, rubber treatment sheets, forceps on table.

2. Place chase doll in bed, cover.

a Procedure.

- 1) Check doctor's order.
- 2) Remove jewelry and wash hands.
- 3) Provide privacy and explain procedure to the patient.
- 4) Pick up wrapped tray, and set on cabinet.
- 5) Pick up additional equipment and set on cabinet.
- 6) Prepare the patient's unit.
- 7) Prepare patient physically.

APP E, LOs (Cont'd)

- 8) Have one trainee at each doll, proceed step-by-step with catheterization with three trainees observing at each bed.
- 9) Rotate the 4 men at each bed so that each trainee performs the catheterization while other three observe.

4 Summary (3 min).



(8) Gastrointestinal Intubation and Suction (2 hrs): (LP 325-45-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-11 (Time - 62:06)

When TV not available:

One (1) chalkboard, chalk, eraser.

One (1) model, gastrointestinal tract, non-standard.

One (1) Phelan pump, complete with tubing and drainage bottle.

One (1) Thermo-electric drainage, apparatus (Gomco).

One (1) set of three (3) bottle (Wangensteen) suction containing the following:

One (1) tray, bakelite.

One (1) tube, latex, 3/6 inches diameter, 1/32 inches wall, five (5) feet long.

One (1) tube, latex, 3/16 inches diameter 1/32 inches wall, 3½ feet long.

Three (3) bottles, one gallon, empty, with rubber stopper removed.

Two (2) stoppers, rubber, two hole to fit bottles.

Three (3) two (2) inch pieces of tube glass or metal to fit stoppers.

One (1) eight (8) inch piece of tube, glass or metal stoppers.

APP E, LOs (Cont'd)

Two (2) forceps (Kelly), 6½ inches with rubber shoes.

One (1) irrigating stand (CRS).

Two (2) tables, instrument with casters.

One (1) hanger, wire with drainage bag, plastic,  
non-standard.

One (1) bottle 1000cc filled with simulated stomach  
contents.

One (1) bowl (CRS) sponge basin, simulated sterile.

One (1) basin, emesis.

One (1) box, tissue, facial.

Two (2) tubes, duodenal, surgical, Levin, rubber #16  
or #18 French.

One (1) syringe, Luer 30cc, simulated sterile.

One (1) roll, adhesive plaster, surgical.

Two (2) rubber bands.

One (1) medicine glass.

One (1) pitcher, water ½ pint, china.

One (1) clamp, regulating, screw adjustment.

Two (2) cleaning rags.

One (1) package, towels, paper.

Two (2) trays, bakelite.

Two (2) glass connectors (to attach Levin tube)  
medicine dropper.

Two (2) 36 x 36 wrappers.

TF 8-3229

Projector, 16mm with screen with or without TV  
available.

Forty-five (45) mimeo M325-31-1.

(c) Training Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230; TM 8-273; Handbook of the Hospital Corps.

(e) Training Objectives:

- 1 Trainee will know that gastrointestinal intubation in the insertion of a tube into stomach and/or intestines.
- 2 Trainee will know that purposes of gastrointestinal intubation are:
  - a) To washout stomach (gastric lavage).
  - b) To obtain specimen of gastric contents.
  - c) To feed the patient.
  - d) To establish suction.
- 3 Trainee will know that gastrointestinal suction is the constant drainage of the gastro intestinal tract.
- 4 Trainee will know that the purposes of gastrointestinal suction are:
  - a) To remove gas, food and/or fluid from gastrointestinal tract and keep the tract empty (rest the stomach).
  - b) To relieve abdominal distention.
  - c) To relieve or prevent nausea and vomiting
  - d) To relieve intestinal obstruction.

APP E, LOs (Cont'd)

- 5 Trainee will know how to do procedure of gastro-intestinal intubation.
- 6 Trainee will know how to assist with gastric lavage.
- 7 Trainee will know how to collect a specimen of gastric contents.
- 8 Trainee will know types of gastric tubes used for various purposes.
- 9 Trainee will know the mental and physical preparation necessary for patient who is to be intubated.
- 10 Trainee will know precautions to be observed when inserting a tube into the stomach.
- 11 Trainee will know the nursing care necessary for patients undergoing treatment by gastrointestinal suction.
- 12 The trainee will know the types of suction devices used to provide constant drainage of the gastrointestinal tract.
- 13 The trainees will know how to set up and operate an electric suction device (Gomco).
- 14 Trainee will know how to set up and operate a Phelan pump.
- 15 The trainee will know how to set up and operate a three bottle (improvised) Wangenstein suction apparatus.
- 16 The trainee will know how and what to observe for in caring for a patient undergoing treatment by gastro-intestinal intubation and suction.

- 17 Trainee will know how to check and care for suction equipment to keep suction operating properly.
- 18 Trainee will know how to irrigate a Levin tube.
- 19 Trainee will know how to observe, measure and record and/or report gastrointestinal suction drainage.
- 20 Trainee will know how to discontinue gastrointestinal suction.
- 21 Trainee will know how to remove gastrointestinal tubes.
- 22 Trainee will know special precautions necessary in caring for patient with gastrointestinal intubation and/or suction.
- 23 Trainee will know how to gavage a patient with a tube in place.
- 24 Trainee will know precautions to be observed in gavaging a patient.
- 25 Trainee will know the necessary observations, reportings, and recordings of gavage procedure.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-11, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each 50 minute period of instruction.

\*HumRRO-MTC Produced.

NOTE: 95 minutes will be allotted to the subject material itself.

NOTE: Hand out one (1) mimeo 325-31-1 to each trainee.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration.

a Gastrointestinal intubation.

1) Definition.

2) Purposes.

b Gastrointestinal Suction.

1) Definition.

2) Purposes.

c Types of Suction.

1) Gomco electric suction.

a) Principles of operation.

b) Equipment.

c) Procedure.

2) Phalan pump.

a) Principles of operation.

b) Equipment.

c) Preparation of pump.

3) Three bottle (Wangensteen) suction.

a) Equipment.

b) Preparation of equipment.

c) Procedure start suction.

d) Nursing care:

APP E, LOs (Cont'd)

- 1) Observe patient frequently; observe patient for various symptoms and/or conditions (specify).
- 2) Care and handling of the suction drainage.
- 3) Procedure for discontinuing suction.
- 4) Training film (TF 8-3229).

3 Summary 3 min.

(9) Special Suction (2 hrs) (LP 325-46-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-12 (Time - 44:51).

When TV not available:

Suction machine.

Two (2) Suction catheters.

IV Bottle filled with water.

T- and Y- Connector.

Tracheotomy tubes: (a) Silver Size 7; (b) Plastic Size 6.

Two (2) solution basins.

One (1) package Pipe Cleaners.

Flask distilled water.

Bottle Hydrogen Peroxide.

4 x 4 gauze cut 2" to center.

Strip masking tape.

Paper, pad, pencil.

Call bell.

Wrapped hemostate - simulated sterile.

Wrapped package - simulated tracheotomy tube.

Silver tracheotomy tube size 4 with tapes attached.

Bed with Chase doll with tracheotomy incision.

One (1) projector, 16mm.

Film - TF 8-3221 "Care of the closed thoracotomy tube"

(Time - 23 min).



(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of the Principles and Practice of Nursing.

TM 8-230.

(e) Training Objectives:

- 1 Trainee will know that oro-nasal suction is the insertion of a tube through the mouth or nose into the pharynx to remove mucus, vomitus, and/or other secretion.
- 2 Trainee will know the purpose of oro-nasal suction.
- 3 Trainee will know the types of patients and/or conditions requiring oro-nasal suctioning.
- 4 Trainee will know the types of equipment used for oro-nasal suction.
- 5 Trainee will know how to operate the oro-nasal suction equipment.
- 6 Trainee will know how to carry out procedure of oro-nasal suctioning.
7. The trainee will know the precautions to be observed in oro-nasal suctioning.
- 8 The trainee will know how to care for equipment used in oro-nasal suctioning.
- 9 The trainee will know how to observe the patient undergoing oro-nasal suctioning and how to report and record his observations.
- 10 Trainee will know that a thoracotomy tube is placed into chest cavity and connected to a closed chest drainage

system to allow the continuous removal of air, blood and/or material from the pleural space by gravity and/or suction apparatus.

- 11 Trainee will know the purpose of closed chest drainage.
- 12 The trainee will know how to operate the equipment used in closed chest drainage.
- 13 The trainee will know how to care for a patient undergoing closed chest drainage.
- 14 The trainee will know the special precautions to be taken in caring for a patient with closed chest drainage.
- 15 The trainee will know how to care for equipment used in closed chest drainage.
- 16 The trainee will know what to observe, report and/or record on patient undergoing closed chest drainage.
- 17 The trainee will know that a tracheotomy (tracheostomy) is an operation in which an incision is made into trachea to permit the insertion of a tracheotomy tube.
- 18 The trainee will know the purpose of a tracheotomy (tracheostomy) is to provide for a free passage of air through an artificial tracheal airway.
- 19 The trainee will know the types of patients and/or conditions which may require a tracheotomy to be performed.
- 20 The trainee will know the equipment necessary to care for a patient with a tracheotomy.

- 21 The trainee will know how to provide care to a patient with a tracheotomy.
- 22 Trainee will know how to operate equipment used in caring for patient with a tracheotomy.
- 23 The trainee will know how to care for equipment used in caring for patient with a tracheotomy.
- 24 Trainee will know special precautions to be observed when caring for a patient with a tracheotomy.
- 25 Trainee will know what to observe, record and/or report in caring for a patient with a tracheotomy.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape

\*H-MTC 4-B-12, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each 50 minute of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration.

a Tracheotomy.

1) Definition.

2) Tracheotomy tube.

3) Caring for the patient with a tracheotomy.

4) Procedure for suctioning.

NOTE: Demonstrate on Chase Doll with tracheotomy tube in place.

- 5) Care of equipment: Demonstrate.
- 6) Care of the dressing: Demonstrate.
- 7) Equipment that must be kept at the bedside.

NOTE: Show use of forceps.

NOTE: Explain humidifying apparatus may be placed in room.

b Care of patient with closed chest drainage.

1) Thoracentomy.

- a) Definition.
- b) Introduce TF 8-3221, Care of the Closed Thoracentomy Tube - (Running Time 23 min)
- c) Show film.
- d) Critique film.

3 Summary (3 min).

(10) Oxygen Therapy (2 hrs) (LP 325-47-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-13 (Time - 85:01)

When TV not available:

One (1) oxygen humidifier.

One (1) bed, adjustable, with two (2) sheets.

One (1) mattress, innerspring.

One (1) pillow with pillowcase.

One (1) oxygen cylinder, full (compressed air).

One (1) carrier, medical gas cylinder.

One (1) dial gauge oxygen regulator.

One (1) tube, rubber drainage,  $\frac{1}{2}$ " x 30".

One (1) strap, canvas, webbed.

One (1) wrench (open end).

One (1) oxygen tent.

One (1) float-type oxygen regulator.

One (1) chart (Placement of Nasal Catheter).

One (1) sign, "NO SMOKING."

One (1) sign, "OXYGEN IN USE."

Masking tape.

One (1) pair pajamas (coat and trousers).

One (1) bell, mechanical, hand tap.

\*HumRRO-MTC produced.

One (1) glass, drinking, 8 oz

One (1) talc.

One (1) pkg, drinking straws.

Three (3) sheets, cotton, bed.

Two (2) towels, bath.

One (1) emesis basin, CRS.

One (1) pkg. tissue.

One (1) nasal oxygen catheter.

One (1) tube, surgical lubricant.

One (1) roll adhesive, surgical.

One (1) bottle soap, surgical, 4 oz.

One (1) bottle water, distilled, 8 oz.

One (1) pillowcase, cotton.

One (1) safety pin.

One (1) bakelite tray.

One (1) projector, 16 mm.

Film - AFT 1899 "Oxygen Therapy - Theory and Procedure."

(Time - 22 min)

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

TM 8-230; TM 8-273; Linde Air Products Co., Oxygen Therapy Handbook, 1951.

(e) Training Objectives:

1 Trainee will know signs and symptoms of oxygen deficiency.

- 2 Trainee will know the safety practices and precautions in handling, administering and storing oxygen.
- 3 Trainee will know that oxygen is available in various sized oxygen cylinders and that there are piped-in oxygen systems in many fixed hospitals.
- 4 Trainee will know that the flow of oxygen is regulated with a flowmeter for the piped-in oxygen system and an oxygen regulator attached to tanks.
- 5 Trainee will know that an oxygen regulator consists of a liter flow gauge and an oxygen cylinder contents gauge.
- 6 Trainee will know that the oxygen cylinder contents gauge must be watched frequently and to make certain that a full cylinder is immediately available to replace the one in use when it is depleted.
- 7 Trainee will know that oxygen can be administered by face mask, nasal catheter, oxygen tent, hood or croupette.
- 8 Trainee will know that humidifiers are used to moisten oxygen by the addition of water vapor and are always used when oxygen is administered by nasal catheter.
- 9 Trainee will know that oxygen face masks are used to administer oxygen in high concentration for short periods of time.
- 10 Trainee will know the nursing care of the patient receiving oxygen therapy for all three methods.

11 Trainee will know that the concentration of oxygen in the oxygen tent, hood or croupette should be measured with an oxygen analyzer and that the tent must be filled with oxygen before it is placed over the patient.

12 Trainee will know the medical corpsman's role and responsibilities in the administration of oxygen therapy.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-13, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10-minute break at the end of each 50 minutes period of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation and Demonstration.

a Define.

b Show equipment.

1) Oxygen cylinder on carrier.

2) Open-end wrench.

3) Oxygen regulator.

4) Canvas strap.

5) Rubber tubing.

6) "NO SMOKING" signs.

\*HumRRO-MTC produced.



c Administering oxygen by tent.

- 1) Advantages.
- 2) Disadvantages.
- 3) Demonstrate administering oxygen by tent.
- 4) Special points in handling patients receiving oxygen by tent.

NOTE: Demonstrate securing sleeves.

NOTE: Demonstrate pushing canopy up.

- 5) Discontinuing oxygen therapy.

NOTE: Demonstrate this procedure.

- 6) After-care of oxygen tent.

d Administering oxygen by nasal catheter.

- 1) Define and discuss.
- 2) Demonstrate administering oxygen therapy by nasal catheter.

NOTE: Explain each item as you show it.

NOTE: Explain only - do not actually insert catheter.

- 3) Safety checks during oxygen therapy via nasal catheter.

3 Training Film

NOTE: Introduce film AFT-1899 "Oxygen Therapy: Theory and Procedure."

4 Summary (3 min).

(11) Care of the Orthopedic Patient (1 hr) (LP 325-48-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-14 (Time - 51:13)

When TV not available:

One (1) pair wooden crutches

One (1) pair crutchfield tongs

One (1) Steenman pin

One (1) Kirschner wire

Weights

Pulley

Rope

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Care of the Adult Patient.

Textbook of Medical-Surgical Nursing.

Textbook of the Principals and Practice of Nursing.

(e) Training Objectives:

The trainee will know the care and precautions in treating pediatric patients and prevent complications or any additional injury to them.

\*HumRRO-MTC produced.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-14; show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

1 Introduction (2 min)

Cover scope, reason, and importance.

2 Explanation (45 min).

a Patients with casts.

- 1) Definition.
- 2) Application of the cast.
- 3) Observations to be made.
- 4) Nursing care.

b Patients in traction.

- 1) Definition.
- 2) Nursing care.

c Patients with amputations.

- 1) Immediate post-operative care (24 to 48 hours).
- 2) During convalescence.

d Crutch walking.

3 Summary (3 min).

(12) Turning Frames (2 hrs) (LP 325-49-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-15 (Time - 96:32)

When TV not available:

TF 8-3695 - use of turning frames.

16mm projector and projector screen.

One (1) pajama coat, cotton, medium.

One (1) pajama trousers, cotton, medium.

One (1) bathrobe, cotton, medium.

One (1) bathrobe, cotton, medium.

One (1) pair shoes, canvas, hospital, large.

Ten (10) pillowcases, cotton, white.

Four (4) pads, abdominal, 8" x 10", clean.

Three (3) straps, patient securing, web, stokes, litter.

Three (3) pillows, bed.

One (1) pillow (small) non-standard.

Four (4) towels, bath.

Two (2) sheets, bed, cotton 72" x 108", white.

One (1) field table.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

\*HumRRO-MTC produced.

(d) References:

TM 8-273 (Nov 53) as changed pp 114-118; TM 8-230 (May 61)  
as changed pp 420-424; Textbook of the Principles and  
Practice of Nursing, 5th Ed.

(e) Training Objectives:

- 1 Trainee will know that turning frames are used for the following purposes:
  - a To facilitate frequent turning of patients who are not permitted or are unable to turn.
  - b To maintain good body alignment, traction, immobilization and/or hyperextension.
  - c To facilitate nursing care.
  - d To prevent thrombophlebitis, emboli, contractures, and decubiti in patients who are restricted in their activities.
  - e To permit larger areas of skin to remain free from body pressure that is possible when the patient lies in bed as is necessary in some burn patients.
- 2 Trainee will know that turning frames save time and energy of personnel caring for patients who require long periods of immobilization.
- 3 Trainee will know that turning frames reduce possibilities of complications partially due to immobility.
- 4 Trainee will know what lock nuts are easily mislaid, and to either hold them or place them on the pivot device bolt.

- 5 Trainee will know to insure that the locking pin has snapped back into place before releasing hold on the frame.
- 6 Trainee will know to insure that the casters are locked before placing the patient on the frame, before rotating the frame, and after transporting the patient.
- 7 Trainee will know that there are several types of turning frames, but that all employ the same general principles.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-15, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

- 1 Introduction (2 min).  
Cover scope, reason, and importance.
- 2 Explanation and Demonstration.
  - a Definition - Turning frames.
  - b Types of patients for whom turning frames are used.
  - c Advantages of using frame.

NOTE: Introduce TF 8-3695, "Use of Turning Frames."

SECOND HOUR

d Demonstration of Stryker frame.

3 Summary (3 min).

(13) Care of the Pediatric Patient (2 hrs) (LP 325-50-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-16 (Time - 73:20)

When TV not available:

One (1) disposable plastic urine collection bag.

One (1) infant crib with covered mattress.

One (1) sheet, cotton, white.

One (1) square diaper.

One (1) oblong diaper.

Two (2) long strips of muslin.

One (1) ABD, cut in half.

One (1) jacket restraint.

One (1) elbow cuff.

Six (6) tongue blades.

One (1) roll 6" adhesive tape.

Two (2) safety pins.

One (1) large baby blanket.

One (1) crib safety net ("Fish Net").

Chalkboard, chalk, eraser.

One (1) crib, infant with mattress.

One (1) doll, infant.

Two (2) diapers - 1 square and 1 oblong (20 x 40 inches).

\*HumRRO-MTC produced.



APP E, LOs (Cont'd)

Twelve (12) tongue blades.

One (1) roll adhesive, 6".

One (1) ABD pad.

One (1) strip muslin (16").

Two (2) sheets, cotton.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Pediatric Nursing - Benz Infant Care - Bureau of H.E.&W.

(e) Training Objectives:

Trainee will know the procedures and safety precautions involved in the care of children.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-16, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute of instruction.

NOTE: 95 minutes will be devoted to the instructional material itself.

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstrations.

a Definition of Pediatrics.

\*HumRRO-MTC produced.

APP E, LOs (Cont'd)

- b Administrative responsibility.
  - c Admission of patient.
    - 1) Certain information must be obtained from parent.
    - 2) Admission procedures.
  - d Folding and applying a diaper.
  - e Putting on the diaper.
  - f Safety precautions.
- 3 Summary (3 min).

(14) Pre and Post-operative Care (2 hrs) (LP 325-51-H)

(a) Training Facility Requirements:

Tent area or classroom equipped with TV Receivers.

(b) Instructional Aids and Equipment:

TV Tape \*H-MTC 4-B-17 (Time - 63:58).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

Textbook of Principles and Practice of Nursing.

(e) Training Objectives:

- 1 Trainee will know that it is important the patient be relieved of his fears before surgery; that corpsman should be kind and understanding to the patient; that corpsman should explain procedures before doing them; that corpsman should refer technical questions to the nurse or doctor and that corpsman should explain availability of chaplain.
- 2 Trainee will know how to carry out procedures efficiently.
- 3 Trainee will know that patient's valuables must be safeguarded by depositing them with custodian.
- 4 Trainee will know that the physical preparation of the patient before surgery may include the bath, cleansing enema, oral hygiene, emptying the bladder.

\*HumRRO-MTC produced.

- 5 Trainee will know that the administrative aspects pertaining to preoperative care include safeguarding valuables, obtaining patient's permission for the operation, completing patient's chart.
- 6 Trainee will know that the corpsman should observe the postoperative patient closely and report any change in pulse, respiration, or blood pressure; dressings that become wet with blood or drainage; any change in color or condition of the skin; any respiratory obstruction.
- 7 Trainee will know that if the post-operative patient vomits, he (the corpsman) should turn patient's head to the side.
- 8 Trainee will know that the postoperative patient must never be left alone while under an anesthetic.

(f) Lesson Outline:

NOTE: Instructional Method: Lecture, Demonstration.

NOTE: If TV facilities are available, instructors review TV Tape \*H-MTC 4-B-17, show it in appropriate sequence, and adjust the remainder of the instruction accordingly.

NOTE: There is to be a 10 minute break at the end of each 50 minute of instruction.

NOTE: 95 minutes will be allotted to the instructional material itself.

\*HumRRO-MTC produced.

APP E, LOs (Cont'd)

1 Introduction (2 min).

Cover scope, reason, and importance.

2 Explanation and Demonstration: Pre-operative care.

a Definition.

b Purpose.

c Care of the patient.

1) Mental preparation.

2) Physical preparation.

3) Administrative preparation.

4) Preparing the unit for the patient.

3 Explanation and Demonstration: Post-operative care.

a Definition.

b Purpose.

c Care of the patient.

1) Moving the patient.

2) Position of the patient.

3) Vital signs.

4 Summary (3 min).

(15) Integrated Ward Session II (4 hrs) (LP 325-52-H)

(a) Training Facility Requirements:

Special classroom (1443).

(b) Instructional Aids and Equipment:

One (1) roll masking tape.

Eighty (80) pairs rubber gloves, size 8.

Eighty (80) pkgs Bio-sorb cream.

Four (4) paper bags.

Eighty-six (86) masks.

Twenty (20) gowns, isolation.

Six (6) pkgs paper towels.

Ten (10) laundry bags.

Fifty (50) sheets.

Fifty (50) pillowcases.

One (1) pkg 2 x 2s.

Ten (10) bars soap, white.

Twelve (12) trays, metal, CRS, 14½ x 9½ x 5.

Twelve (12) container, needle, CRS.

Twenty (20) tourniquets.

Twelve (12) armboards, padded.

Twelve (12) adhesive tape, 3 in. roll.

Twelve (12) bottles, Saline, 1000cc.

Twelve (12) infusion sets.

Ten (10) beds, hospital.

APP E, LOs (Cont'd)

Ten (10) mattresses.

Ten (10) pillows.

Ten (10) chairs, folding.

Ten (10) bedside cabinets.

Ten (10) ring stands.

Twenty (20) basins, CRS, 3 qt.

Ten (10) wastebaskets or step-on-cans.

Ten (10) irrigating standard.

Twenty (20) field tables, folding.

Per 2 trainees:

One (1) checklist for sterile glove technique,

Intravenous Therapy, and changing linen on a bed

in an isolation unit.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All previous NSB references.

(e) Training Objectives:

The trainee, under supervision, will perform satisfactorily the steps, glove techniques, set up of skin preparation tray, selection of infusion set and bottle of solution for Intravenous Therapy, and change linen properly in an isolation unit.

(f) Lesson Outline:

NOTE: Instructional Method: Practical Exercise.

NOTE: This period of instruction and the one that follows (Proficiency Test: Advance Patient Care II) are conducted in a manner generally similar to Integrated Ward Session I (LP 325-32-H) and Proficiency Test: Advance Patient Care I (LP 325-33-H) respectively.

1 Introduction (2 min)

Cover scope and procedure for the period.

NOTE: Set up classroom prior to class so that each pair of trainees is continuously occupied at a task.

2 General Plan:

a Instructions to trainees.

- 1) Trainees will pair off and work together throughout the four (4) hour period. One (1) trainee will perform one required task throughout a room while the other acts as checker, (using check sheet). At the end of each task, trainees, in pairs, will exchange duties. This procedure is followed for each of the 3 tasks; so that each trainee performs each task and acts as checker for each task.

- 2) One (1) checklist will be given to two (2) trainees.

b Instructor activities.

- 1) Supervise and assist trainees doing procedures.
- 2) Direct flow of trainees so that all will have an opportunity to do procedures.
- 3) Observe trainee performance for problem areas.  
(Use for critique).



NOTE: Ten minute breaks are taken at the rate of one per hour at times selected by the PI.

3 Practical Exercise (183 min).

NOTE: Pass out check lists.

a Glove technique.

- 1) Open package of gloves.
- 2) Identify cuffs.
- 3) Powder hands.
- 4) Put on gloves.
- 5) Remove gloves - replace in wrapper.
- 6) Wash hands.

b Intravenous therapy.

- 1) Set up skin preparation tray.
- 2) Select infusion set and bottle of solution  
to be used, BUT DO NOT PREPARE TUBING OR BOTTLE.

c Changing linen in isolation unit (work in pairs).

4 Summary and critique of exercise (15 min).

(16) Proficiency Test: Advanced Patient Care II (4 hrs) (LP 325-44-H)

(a) Training Facility Requirements:

Classroom, specially equipped.

(b) Instructional Aids and Equipment:

Field tables - 17

Wastebaskets - 6

Basketite trays - 3

Sponge containers - 6

Chairs, metal folding - 86

Bio-sorb cream - 86 packages

Gloves in wrappers, size 8 - 80 pair

Infusion sets - 86

Saline, 1000cc bottles (not sterile) - 86

2 x 2 gauze squares - 2 pkgs

Paper bags - 4

Food coloring, blue - 2 oz

Sponges - 4

Paper towels - 2 pkgs

Per Instructor:

One (1) Instructor's Check List for all 3 procedures

(Locally Produced).

Per Trainee:

One (1) Proficiency Test II, Score Sheet (Locally produced).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All previous NSB references.

(e) Training Objectives:

The trainee, without supervision, will perform satisfactorily the steps, glove techniques, set up of skin preparation tray, selection of infusion set and bottle of solution for intravenous therapy, and change linen properly in an isolation unit in a test situation.

(f) Lesson Outline:

NOTE: Instructional Method: Test and Explanation.

1 Introduction (2 min)

NOTE: This 4 hour period is a continuation of Integrated Ward Session II in that it tests the trainees without supervision on the performances supervised in the previous period. The Integrated Ward Session II should immediately precede this period.

NOTE: Arrange classroom and equipment consistent with satisfactory AI supervision and grading.

NOTE: The cadre sergeant assigned to the class will hand out number badges to the entire class, recording each trainee's number on the class roster by trainee's name. The trainees then will be seated and informed that:

a During the next four (4) hours, procedures that have been seen and performed in the classrooms, will be done at testing stations specifically these procedures will be the one performed in the previous period.

b The performance of these procedures will be graded.  
Work will be independent.

NOTE: Breaks during the test will be at the discretion of the PI.

2 Test Plan and Test (178 min).

- a General introduction to testing area is presented to all trainees inside building by one (1) instructor.
- b Number badges distributed by cadre sergeant will be secured to T-shirts. No jackets or name tags will be worn during testing.
- c Cadre sergeant will record each trainee's number by his name on class roster.
- d Cadre sergeant will be responsible for discipline in waiting area.
- e One (1) acting cadreman will direct flow of trainees to testing stations, so that all stations are in constant use. He will be tested last.
- f Trainees will perform procedures according to written and/or oral instructions at each testing station.
- g Equipment and materials are dispensed from a supply area in each classroom.
  - 1) Instructors are responsible for equipment being properly maintained and supplies kept at an operating level in assigned testing station.
  - 2) Instructors are responsible for ordering of supplies from CMS.
- h Performance testing is accomplished with the use of the grading sheet and score sheet as follows:

APP E, LOs (Cont'd)

PUTTING ON STERILE GLOVES (34 Points)      POINTS OFF

Trainee will open and put on a pair of simulated sterile gloves.

Was jewelry removed? 3

Was indicator tape removed completely from the wrapper? 3

Were cuffs of gloves identified? 3

Were hands powdered away from sterile field? 3

Was center opening of package touched during identification of cuffs? 3

Was folded edge of cuff grasped to remove first glove from package? 3

Was cuff of glove maintained? 3

Were gloved fingers placed under cuff of second glove? 3

Did trainee attempt to smooth or roll back cuff of either glove after gloves were on? 4

Were gloves contaminated after they were on? 3

Did trainee's bare skin touch outside of gloves during removal? 3

INTRAVENOUS THERAPY (30 POINTS)

Was label on bottle checked? 3

Was solution checked for presence of foreign bodies and for clearness? 3

APP E, IOs (Cont'd)

INTRAVENOUS THERAPY (30 POINTS) (continued) POINTS OFF

Was label on bottle checked?	3
Was solution checked for presence of foreign bodies and for clearness?	3
Was rubber stopper cleansed with an alcohol sponge?	3
Was drip chamber inserted into outlet depression?	3
Was piercing device pushed through rubber stopper in one downward motion without twisting it?	3
Was tip of drip chamber contaminated at any time?	3
Was bottle quickly inverted to check for presence of a vacuum?	3
Was needle attached to needle adapter without contaminating the adapter?	3
Was needle contaminated?	3
Was plastic cover replaced to protect sterile needle?	3

ISOLATION UNIT (36 POINTS)

Trainee will put items needed in isolation  
unit on tray marked "ISOLATION UNIT":

Bed	3
Bedside stand	3
Chair	3

APP E, LOs (Cont'd)

ISOLATION UNIT (36 POINTS) (continued)	POINTS OFF
Irrigating standard	3
Wastebasket	3
Paper bags	3
Gown	3
Handwashing facilities	3
Laundry hamper	3
Thermometer in holder	3
Water glass	3
Urinal, bedpan, emesis basin, bath basin	3

i Directions to trainees:

- 1) Remove fatigue jackets and hang them on backs of chairs.
- 2) Keep number badge pinned to front of T-shirt during test period.
- 3) Follow acting cadreman's directions concerning reporting to individual testing station.

1 Instructor activities:

- 1) One (1) ANC officer will supervise or teach as the assignment dictates.
  - a) Supervise instructors.
  - b) Supervise trainees to evaluate their performance of procedures.
  - c) Ascertain that class attendance record is made by cadre sergeant.
  - d) Compile all trainee grades.

APP E, LOs (Cont'd)

- e) Perform administrative functions relative to overall operations of testing area.

k NCOIC Activities

- 1) Assist the ANC officer in supervision of overall instruction.
- 2) Check trainee roster for accuracy of class attendance.
- 3) Give general orientation to testing area.
- 4) Assist with the evaluation of instructor's performance.
- 5) Requisition, dispense, and receive all testing area supplies and equipment.
- 6) Assist with the administrative functions relative to testing operations.

l Instructor at each testing station will:

- 1) Assume role of moderator.
- 2) Make certain testing station is set up prior to class' arrival.
- 3) Direct and supervise trainee's performance by:
  - a) Following instructors' guidelines produced locally.
  - b) Grade trainee at testing station on each procedure, referring to the grade sheet for evaluation points.



APP E, LOs (Cont'd)

- 4) Critique class performance only at the end of the four (4) hour period to insure a fair testing program.
- 5) Transfer trainee grades to master score sheet.
- 6) Direct and supervise trainee performance in ward sanitation.

m Conduct the Practical Exercise.

- 1) Procedures performed by the trainees will be done on a rotation basis at each of the testing stations for evaluation of points.
- 2) Detailed content of exercise is outlined in Instructor's Guidelines produced locally.

n Grade performance of trainees.

- 1) Procedures will be graded on a point system as follows:
  - a) Putting on sterile gloves 34
  - b) Isolation unit 36
  - c) Intravenous therapy 30
- 2) Instructors will record the number of incorrect responses given by a trainee.
- 3) The number of incorrect responses will be recorded by each trainee's number on the score sheet.
- 4) The total number of incorrect responses per trainee will be recorded on the "master" score sheet at the end of the four (4) hour testing period.

APP E, LOs (Cont'd)

5) The trainee's grade will consist of the total number of points retained at the end of the testing period, after incorrect responses have been deducted from 100 points.

6) Copies of the individual trainee grade will be submitted for record.

3 Summary and critique the exercise (5 min).

4 Ward Sanitation - clean up and place equipment in order (15 min).

9. Program Administration

- a. Commander's Time (60 hrs) (Lesson Plans are prepared at the discretion of the Company Commander.)

b. Proficiency Testing (28 hrs)

(1) Military Science Branch Test (4 hrs) (LP GW-6).

(a) Training Facility Requirements:

Tent area or classroom and adjacent outdoor instruction area.

(b) Instructional Aids and Equipment Requirements:

Four (4) Litters.

Four (4) Pistol belts.

Four (4) Field jackets (Class "X").

One (1) Flat board, 6' x 3'.

Ten (10) Blankets.

Six (6) Litter securing straps.

One (1)  $\frac{1}{2}$ -ton front line ambulance.

One (1)  $\frac{3}{4}$ -ton, M43, field ambulance.

One (1)  $\frac{3}{4}$ -ton truck, 4 x 4.

One (1)  $2\frac{1}{2}$ -ton truck, 6 x 6.

One (1) Testor's score-checklist per trainee.

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All Military Science Branch references.

(e) Training Objectives:

- 1 Trainee will demonstrate a knowledge of the fundamental procedures of the care, and transportation, of sick and wounded.

- 2 Trainee will apply that knowledge in a practical field exercise.

(F) Lesson Outline:

NOTE: Instructional Method: Written test and practical exercise.

- 1 Introduction (2 min).

Cover scope, and purpose of the period, relation to previous instruction, and outline procedures for the period.

- a Written test - 50 points (first hour).

- b Eight practical exercises in the transportation of sick and wounded - 60 points (last three hours).

- 2 Written test (58 min).

- a Procedure:

Two instructors required. Instructors will pass out the tests, answer, describe it briefly to the trainees, and administer the test answering any questions as they arise. There is to be no critique.

- b Nature of the test:

The test is locally produced. It is to consist of 50 representative multiple-choice type questions which will cover knowledge the trainee should have gained from foregoing Military Science Branch instruction.

- 3 Practical Exercise (180 min) T. of S. & W.

- a Procedure:

1) Instructions to the instructors:

- a) The class will be broken into eight equal groups, each group going to one of the eight stations of the test.
- b) The stations may be set up anywhere, the only condition being that the trainees at any one station should not be able to see what, and/or how, the trainees at any other station are doing.
- c) Once the test is started, groups should be rotated from station to station (round-robin) until all trainees have completed all stations.

2) Instructions to the trainee:

- a) Rotate as directed by instructor.
- b) Be quiet when not involved in the testing procedure.
- c) Do not attempt to observe other trainees at other stations.
- d) Keep your score-sheet with you at all times when not being tested.

b Nature of the test:

- 1) Test is locally produced, but should cover these topics:

- a) Helicopter Loading: Load in all 4 helicopters (or mock-ups):

APP E, LOs (Cont'd)

- 1) H-1D )
  - 2) H-1B )
  - 3) H-19 ) 10 Points
  - 4) H-34 }
- b) Pistol belt drag ) 10 Points
- c) Pistol belt carry ) 5 Points
- d) Fireman's carry ) 10 Points
- e) Pack strap carry ) 5 points
- f) Improvised litters
  - 1) With field jackets )
  - 2) For casualty with a broken back ) 30 Points
  - 3) With blankets )
- g) Litter dressings
  - 1) 2-blanket dressing )
  - 2) 3-blanket dressing ) 20 Points
- h) Litter carry and load (Cargo and military vehicles)
  - 1) 2½ ton 6 x 6 )
  - 2) 3/4 ton 4 x 4 )
  - 3) M43 field ambulance ) 10 Points
  - 4) ½ ton front line ambulance (jeep) )
- 2) Test is scored by means of a checklist carried by each individual trainee.
- 3) Total points possible: 110. Passing score is 70% correct.

NOTE: Any and all break time is to be granted by the PI and is at his discretion.

(2) Professional Science Branch Test (8 hrs) (LP GW-7)

(a) Training Facility Requirements:

Outdoor training area.

(b) Instruction Aids and Equipment:

N of trainees x 16 procedure checklists, one for each situation per trainee (locally produced).

Station #1:

Ten (10) of each of the following bandages:

Roller bandage cotton gauze, 2"

Roller bandage cotton elastic, 2"

Roller bandage cotton gauze, 3"

Roller bandage cotton elastic, 3"

Roller bandage camouflage gauze, 3"

Roller bandage cotton gauze, 4"

Roller bandage cotton elastic, 4"

Triangular bandages, 37" by 27" by 52"

Two (2) folding chairs

One (1) folding table

Station #2:

One-hundred (100) finger cots

One (1) blanket set, small

Ten (10) grease pencils

Two (2) ballpoint fountain pens

Five (5) boxes of morphine syrettes

Two (2) IV kits

Two (2) rolls of 3" and 6" roller bandages



One (1) field medical bag  
One (1) telescopic splint  
Field medical cards - ten (10) books  
Six (6) wax pencils  
One (1) folding table

Station #3:

Twenty (20) first aid dressings, medium  
Eighty (80) cravat bandages  
Sixty (60) bass wood splints  
One (1) folding table  
Field Medical Cards - Ten (10) books  
Six (6) wax pencils.

Station #4:

Twenty (20) wire fabric splints  
One hundred (100) first aid dressings, small  
Twenty (20) triangular bandages  
Two (2) packs of 2" by 2" gauze sponges  
Field Medical Cards - Ten (10) books  
One (1) Field Medical Bag  
One (1) Folding table  
Three (3) telescopic splints  
One (1) IV set  
Five (5) boxes of morphine syrettes  
Six (6) wax pencils  
One (1) blanket set  
Red dye - 5 pkgs

Station #5

One hundred (100) first aid dressings, small  
One hundred (100) first aid dressings, medium  
Twenty (20) triangular bandages  
Twenty (20) spools of 3-inch tape  
Six (6) sets of salvage fatigues  
One (1) pair of scissors  
One (1) folding table  
One (1) field medical bag  
Two (2) IV sets  
One (1) telescopic splint  
Field Medical Cards - Ten (10) books  
Five (5) boxes of morphine syrettes  
Six (6) wax pencils  
Ten (10) wire fabric splints  
One (1) blanket set  
One (1) moulage - (Sucking Chest Wound)

Station #6:

Six (6) pairs of salvage fatigue trousers  
One (1) pair scissors  
One (1) field table  
Fifteen (15) boxes of morphine syrettes  
Fifty (50) field dressings, medium  
Fifty (50) field dressings, large  
One (1) blanket set  
Field Medical Cards - Ten (10) books  
Sixty (60) cravat bandages

APP E, LOs (Cont'd)

Two (2) litters

Two (2) IV kits

Six (6) wax pencils

Station #7:

Six (6) pairs of salvage fatigue trousers

One-hundred (100) field dressings, small

Two-hundred (200) field dressings, medium

Thirty-five (35) triangular bandages

Twenty (20) boxes of morphine syrettes

One (1) pair of scissors

Field Medical Cards - Ten (10) books

One (1) folding table

One (1) IV kit

One (1) telescopic splint

One (1) blanket set

Six (6) wax pencils

Two (2) moulages (one  $\angle 1 \angle$  puncture wound of the thigh, and one  $\angle 1 \angle$  puncture wound of the calf.)

One (1) medical field bag, complete

Red dye - five (5) pkgs

Station #8:

One (1) field medical bag, complete

Six (6) pairs of salvage fatigues

One-hundred (100) field dressings, large

One-hundred (100) field dressings, medium

APP E, LOs (Cont'd)

Twenty-five (25) triangular bandages

One (1) pair of scissors

One (1) field table

Field Medical Cards - Ten (10) books

Fifteen (15) boxes of morphine syrettes

One (1) IV kit (one kit)

One (1) telescopic splints

Six (6) wax pencils

One (1) blanket set

One (1) moulage - (Massive tissue wound of the  
abdomen - pelvis)

Red dye - Five (5) pkgs

Station #9:

Six (6) pairs of salvage fatigue trousers

Two-hundred (200) field dressings, small

Twenty-five (25) triangular bandages

Twenty (20) boxes of morphine syrettes

Field Medical Cards - Ten (10) books

One (1) folding table

Ten (1) Winlass adapters

Two (2) IV kits

One (1) telescopic splint

Three (3) wire ladder splints

Six (6) wax pencils

One (1) Field Medical Bag, complete

One (1) blanket set

APP E, LOs (Cont'd)

Two (2) moulages (one  $\overline{\text{L}}\overline{\text{1}}\overline{\text{J}}$  amputation of the hand,  
and one  $\overline{\text{L}}\overline{\text{1}}\overline{\text{J}}$  laceration of the neck).

Station #10:

One (1) folding table  
Twenty (20) triangular bandages, medium  
Two-hundred (200) field dressings, medium  
Five (5) boxes of morphine syrettes  
One (1) pair of scissors  
Six (6) pairs of salvage fatigues  
One (1) IV kit  
One (1) Telescopic splint - One (1)  
Field Medical Cards - Ten (10) books  
Six (6) wax pencils  
One (1) blanket - One (1)  
One (1) moulage (shrapnel wound of the back)  
Red dye - 5 pkgs

Station #11:

One (1) telescopic splint  
Twenty (20) triangular bandages  
Twenty (20) first aid dressings, medium  
One (1) folding, table  
Field Medical Cards - Ten (10) books  
Six (6) wax pencils  
One (1) blanket

Station #12:

Twenty (20) boxes of morphine syrettes

APP E, LOs (Cont'd)

Twenty five (25) triangular bandages

One-hundred (100) first aid dressings, small

Ten (10) books of Field Medical Cards, partially filled  
out according to instructions.

Five (5) IV stands (litter)

Five (5) bottles IV fluid

Four (4) litter securing straps

One (1) litter

One (1) folding table

Six (6) sets of salvage fatigues

One (1) pair of scissors

One (1) blanket set

Six (6) wax pencils

One (1) moulage (massive tissue wound of the hip and  
buttocks)

One (1) Field Medical Kit (complete)

Station #13:

One (1) litter

Five (5) litter securing straps

Ten (10) triangular bandages

Ten (10) wire fabric splints

Five (5) boxes of morphine syrettes

One (1) pair of scissors

Six (6) sets of salvage fatigues

One (1) blanket set

One (1) folding table

Station #14:

One (1) litter  
Five (5) boxes of morphine syrettes  
Four (4) litter securing straps  
Twenty (20) books of field medical cards  
One hundred (100) first aid dressings, medium  
Twenty-five (25) triangular bandages  
Six (6) sets of salvage fatigues  
One (1) pair of scissors  
Two (2) IV sets  
Six (6) wax pencils  
One (1) Field Medical Bag  
One (1) telescopic splint  
One (1) moulage (shrapnel wound of the back)  
One (1) blanket set

Station #15:

Seven (7) situation checklist, as specified by  
the PERFORMANCE REQUIREMENT - One (1) per trainee.

Station #16:

Iodine tablets - Two (2) per trainee  
Calcium Hypochlorite ampuls - One (1) per trainee  
Orthotolidine tablets - One (1) per trainee  
Chlorine Comparator kit - One (1) per trainee  
One (1) Lyster bag with poles  
Stick, 36" (for stirring) - One (1) per trainee

One (1) watch

Water (for purification) - Five (5) gallon can

Six (6) canteens

Salt tablets - Five (5) bottles

APCs - Two (2) bottles

One (1) pound of sugar

One (1) folding table

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All Professional Science Branch references.

(e) Training Objectives:

Trainee (independently, in a test situation) will demonstrate his ability to perform certain specified field medical procedures, as required in the situations specified under (f) below.

(f) Lesson Outline:

NOTE: Instructional Method: Proficiency Test.

NOTE: Any and all break time will be granted at the discretion of the instructor.

1 Introduction (5 min)

Cover scope of the test, procedures for organization and administration.

a Instructions to instructors:

- 1) One instructor per test station.
- 2) Fill out one check-sheet per trainee.



3) Rotate stations on signal from NCOIC.

b Instructions to trainees:

- 1) Stay in test-station area.
- 2) Remain quiet while not being tested.
- 3) Follow instructions as quickly as possible.

2 Administration of the Test:

NOTE: Each of the situations below is to be graded by means of a checklist.

These checklists are to be made up locally with major consideration being given to whether or not the trainee carries out the proper treatments in the proper order.

NOTE: A scoring system consistent with US Army Medical Training Center procedures for grading will be applied.

Station #1:

PERFORMANCE REQUIRED: The trainee carries out support bandaging of a sprained ankle in Situation #1 and of a knee in Situation #2.

Station #2:

PERFORMANCE REQUIRED: The trainee carries out an emergency cricothyroidotomy (up to but not to include an incision) in Situation #1 and mouth-to-mouth resuscitation and external cardiac compression in Situation #2.

Station #3:

PERFORMANCE REQUIRED: The trainee carries out proper treatment for minor scalp laceration and for a fractured clavicle with accompanying puncture wound.

Station #4:

PERFORMANCE REQUIRED: The trainee applies dressing to jaw, cravat of the jaw, and applies wirefabric splint for fracture of the upper arm.

Station #5:

PERFORMANCE REQUIRED: The trainee applies air-tight dressing, dresses minor abdominal wound and examines patient for further wounds. He must position patient properly.

Station #6:

PERFORMANCE REQUIRED: The trainee carries out correct treatment for massive tissue wound of the buttock and thigh.

Station #7:

PERFORMANCE REQUIRED: The trainee applies pressure dressing to control hemorrhage, applies bandage over dressings, places patient in shock position, gives morphine for pain, and applies the anatomical splint for a possible fracture of the thigh bone.

Station #8:

PERFORMANCE REQUIRED: The trainee applies dressings and bandages to pelvis and open abdominal wounds. He gives morphine for pain after placing patient in proper position. He states that evacuation must be immediate.

APP E, LOs (Cont'd)

Station #9:

PERFORMANCE REQUIRED: The trainee applies tourniquet to control hemorrhage of the arm, dresses the wound, applies bandage and applies a sling to the injured limb. He finds wound of the neck and dresses and bandages it. He gives morphine for pain.

Station #10:

PERFORMANCE REQUIRED: The trainee examines casualty and controls hemorrhage with dressings and bandages. He then questions the patient concerning the possibility of a fractured back and explains how he would move him.

Station #11:

PERFORMANCE REQUIRED: The trainee applies the Army leg splint with the assistance of two untrained soldiers.

Station #12:

PERFORMANCE REQUIRED: The trainee controls hemorrhage, injects morphine, and lifts patient onto litter with help of three (3) assistants. He secures patient to litter and gives fluid replacements.

Station #13:

PERFORMANCE REQUIRED: The trainee lifts patient onto litter with three assistants and secures patient to the litter. He checks to insure adequate airway.

Station #14:

PERFORMANCE REQUIRED: The trainee controls hemorrhage with dressings and bandages. With the assistance of three untrained soldiers, he lifts casualty onto litter and secures him with litter securing straps.

Station #15:

PERFORMANCE REQUIRED: Trainee will assign the correct evacuation priority to each of 7 casualty situations as described in a handout.

Station #16:

PERFORMANCE REQUIRED. The trainee will demonstrate his knowledge of water purification methods by his response to the three (3) problems presented to him by the checker. He will be graded by his ability to carry out a correct procedure in each task.

(3) Nursing Science Branch Test (8 hrs) (LP GW-8)

(a) Training Facility Requirements:

Tent area or classroom.

(b) Instructional Aids and Equipment:

Ten (10) Checklists, one for each station (locally produced)

Based on maximum of 80 trainees:

DD Form 792 - 86

Thermometers, oral clinical - 66

Thermometers, rectal clinical - 12

3 x 5 paper pads - 6

Pencils - 6

2 x 2 gauze squares - 4 packages

Cotton balls - 2 packages

Applicators, cotton tipped - 2 packages

Abdominal pads - 4

4 - 8 gauze squares - 6 squares

Alcohol 70% - 8 oz

Clinitest tablets - 2 bottles

Yellow food color - 1 oz

Brown food color - 1 oz

Green food color - 1 oz

Gloves, size 8 - 40 pairs

Biosorb - 80 packages

Paper bags - 4

Saline, 1000cc bottles (may be opened) - 46

Infusion sets - 86

Eighty (80) dressing sets (1), containing:

Four (4) 2 x 2s; two (2) 4 x 4s; one (1) 4 x 8;

one (1) forcep

1 cc or tuberculin syringes with needles (non-sterile) - 86

Saline, 30 cc vials (may be already opened) - 6

Blue food color - 1 oz

Six (6) bottles, 16 oz, water, labeled "normal saline"

Small tap (paper), with pins - one per trainee

Thermometers, oral clinical - 20

Thermometers, rectal clinical - 4

Thermometer holders - 2

Tray, CRS, 15½ x 9½ x 2 - 4

Tray, CRS, 8 7/8 x 5 x 2 - 4

Sphygmomanometer, aneroid or mercurial - 2

Stethoscope, dual - 2

Tray, CRS, medicine - 6

Needle, jar, CRS - 8

Test tubes - 15

Water cups, plastic - 5

Bottle, urine specimen - 4

Clinitest color chart - 2

Bottle, empty intravenous with stopper - 4

Levine tubes - 4

Connector, straight, glass or plastic - 4

Rubber tubing, ¼ in diameter, 3 ft. length - 6

Gomco pump - 2

Phalen pump - 2

Basin, emesis - 2

Basin, bath, 4 qt. - 3

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

All Nursing Science Branch references.

(e) Training Objectives:

Trainee, independently, in a test situation will demonstrate the ability to satisfactorily perform certain nursing procedures as specified in section (f) below.

(f) Lesson Outline:

NOTE: Instructional Method: Test, critique.

NOTE: Any and all break time will be designated at the discretion of the NCOIC or OIC.

NOTE: All 10 procedures will be graded on a check list (locally produced), one for each situation.

NOTE: A scoring system consistent with USAMTC procedures for grading will be applied.

1 Introduction (5 min)

Describe scope, procedures to be used.

NOTE: The cadre sergeant assigned to the class will hand out number badges to the entire class, recording each trainee's number on the class roster by trainee's name. The trainees will then be seated.

2 General Plan

- a General introduction to testing area is presented to all trainees inside building by one (1) instructor.
- b Number badges distributed by cadre sergeant will be secured to T-shirts. No jackets or name tags will be worn during testing.
- c Cadre sergeant will record each trainee's number by trainee's name on class roster.
- d One (1) acting cadreman will direct flow of trainees to testing stations, so that all stations are in constant use. He will be tested last.
- d Trainees will perform procedures according to written and/or oral instructions at each testing station.
- f Instructor at each testing station will:
  - 1) Assume role of moderator.
  - 2) Make certain testing station is set up prior to class' arrival.
  - 3) Direct and supervise trainee's performance.

NOTE: Critique class performance only at the end of the eight (8) hour testing program.

3 Conduct the Practical Exercise.

- a Procedures performed by the trainees will be done on a rotation basis at each of the testing stations for evaluation of points.
- b Grade performance of the following procedures:
  - 1) Thermometers.



APP E, LOs (Cont'd)

- 2) Blood pressure
- 3) Fluid balance records
- 4) Syringes and intradermal injections
- 5) Surgical dressings
- 6) Glove technique
- 7) Intravenous therapy
- 8) Clinitest
- 9) Gomco pump
- 10) Phalen pump

4 Critique.

(4) Periods 1 through 4. (8 hrs)\* PCPT (LP 121-14-H)

(a) Training Facility Requirements:

PCPT field.

(b) Instructional Aids and Equipment:

As required (See FM 21-20 and ATT 21-2 w/change #4).

(c) Trainee Equipment Requirements:

As specified by Unit SOP.

(d) References:

FM 21-20; ATT 21-2 (Change #4).

(e) Training Objectives:

Trainee will demonstrate his ability to perform the tasks specified by the Army Physical Combat Proficiency Test, as described under ATT 21-2 w/Change #4.

(f) Lesson Outline:

NOTE: Instructional Method: Proficiency Test.

Army Physical Combat Proficiency Test is administered in accordance with the provisions of Army Training Test (ATT) 21-2 w/Change #4.

\*This test is to be given four (4) times during the training cycle, as scheduled. (2 hrs per test)

- c. Administrative Processing (29 hrs) (Lesson Plans are prepared at the discretion of the Company Commander to serve the processing requirements.)

d. Graduation Exercise (2 hrs) (LP 102-1-H)

(1) Training Facility Requirements:

Theater-type classroom equipped with 110-outlets.

(2) Instructional Aids and Equipment:

As specified by Unit SOP.

(3) Trainee Equipment Requirements:

As specified by Unit SOP.

(4) Training Objectives:

To graduate the trainee as a 91A10

(5) Lesson Outline:

To be provided by the training activity commander.

10. Field Exercise: Medical Treatment Evacuation and Nursing  
Exercise (10 hrs) [LP 305-1-H (J-11-3)]

a. Training Facility Requirements:

Outdoor training area, Camp Bullis, approximately  
2 miles by 3 miles in area.

b. Instructional Aids and Equipment:

Per FEBA-CCP and per Aid Station - 3 sets (6 ea) casualty  
cards

Per Ward - 2 sets (20 ea) Drs orders.

Per trainee: One (1) Sketch of area w/installations indicated.

One (1) Checklist for treatment of each  
casualty situation at FEBA-CCP, Aid Station  
and Wards.

One (1) Score card covering all activities.

REQUIREMENTS FOR MEDICAL SUPPLIES AND EQUIPMENT FOR

FEBA - CCP (ONE FEBA) Basis: 28 Men per FEBA-CCP:

Multiply these requirements by the number of FEBA CCPs

Surgical Instrument and Supply Sets (Empty) - ea 14

Dressing, first aid, field, small - ea 38

Dressing, first aid, field, medium - ea 30

Dressing, first aid, field, large - ea 14

Adhesive tape, 3" x 5 yds - ea 14

Bandage, compressed, 37 x 37 x 52 - ea 45

Morphine syrette (simulated) box - ea 14

Splints, wire fabric, roll - ea 14

Field Medical Card, books - ea 14

APP E, LOs (Cont'd)

Benzelkonium Chloride, box 3s - ea 14

Tourniquet - ea 14

Scissors, bandage - ea 14

Litter, rigid, canvas - ea 8

Straps, litter - ea 16

Grease pencils - ea 14

Casualty cards (wounds) - set 1

Moulages (see Annex C)

Class X clothing - set 28

REQUIREMENTS FOR MEDICAL SUPPLIES AND EQUIPMENT FOR

BN AID STATION (one Aid Sta) Basis: 28 men, per Bn Aid Sta:

Multiply these requirements by the number of Bn Aid Stations

Tent, GP, small - ea 2

Litters, canvas, rigid - ea 6

Blanket set, small - ea 2

Splint set, telescopic - ea 2

Rod, irrigating, supporting, telescopic type - ea 6

Litter stand, metal, set - ea 6

Table, leg folding, wood - ea 6

Chair, folding - ea 2

Bag, water sterilizing (lister) - ea 1

Can, water, 5 gal - ea 2

Shovel - ea 2

Rake - ea 2

Mallet, wood - ea 1

Lantern, gas or electric - ea 2

Flashlight - ea 6

APP E, LOs (Cont'd)

Dextran, 500cc bottles - ea 6

Intravenous injection set, disposable - ea 6

Splint, wire ladder, pkg - pk 2

Splint, basswood, box - bx 2

Bandage, roll, elastic 3"x box 12s - bx 2

Bandage, roll, elastic, 2", box 12s - bx 2

Stethoscope, combination - ea 6

Sphygmanometer - ea 6

Field Medical Card, books - bk 20

Tetanus Toxoid (simulated) bt 2

Scissors, bandage - ea 16

Surgical instrument and supply set, combat or dispensary -  
ea 2

Surgical instrument and supply set, individual (empty) -  
ea 14

Dressing, first aid, field, small - ea 30

Dressing, first aid, field, medium - ea 30

Dressing, first aid, field, large - ea 30

Adhesive tape, 3" x 5 yd - sl 14

Bandage, compressed, 37 x 37 x 52 - ea 45

Morphine syrettes (simulated) box - ea 14

Splint, wire fabric, roll - ea 14

Benzalkonium Chloride, box, 3s - ea 14

Tourniquet - ea 14

Casualty cards (wounds) - set 1

## REQUIREMENTS FOR MEDICAL SUPPLIES AND EQUIPMENT

FOR FIELD WARD (ONE WARD) Basis: 40 men per Field Ward

Multiply these requirements by number of wards required.

6515-374-2220	Stethoscope, combination type-----ea	4
6515-514-2395	Syringe, luer, 2cc-----ea	12
6515-299-8258	Thermometer, clinical, human, oral, 6--pk	1
6515-299-8265	Thermometer, clinical, human, rectal---ea	2
6530-770-9225	Basin, emesis, steel-----ea	4
6530-771-6225	Basin, wash, steel-----ea	2
6530-782-7180	Jar, forceps, steel-----ea	1
6530-756-4635	Pad, heating, chemical-----ea	4
6545-914-3480	Chest, medical instrument and supply set field, No. 3, 30x18x10" (empty)-----ea	8
6545-925-9225	Divider, tray chest-----ea	3
6545-925-9220	Tray, medical instrument and supply set chest, 29x16 27/32 x 9 27/32"-----ea	1
6545-299-5649	Insert cabinet, medical instrument and supply set chest-----ea	2
6515-371-3100	Syphgmomanometer, aneroid-----ea	4
6530-299-8636	Rack, drying, clinical utensils No. 1--- ea	1
6530-794-0000	Tray, instrument, CRS, 15½ x 9½ x 2"-----ea	4
7240-77-0945	Basin, wash, CRS 4½ qt-----ea	4
8305-790-0000	Cloth, coated, rubber-----yd	6
6230-264-8261	Flashlight, right angle-----ea	1
7530-222-3523	Book, memorandum -----ea	1



APP E, LOs (Cont'd)

4720-141-9087	Tube, rubber, $\frac{1}{2}$ in. inside dia.-----	ft 12
6505-141-1900	Soap, surgical, 4 oz.-----	pk 4
6510-201-3000	Cotton, purified, USP 1 oz.-----	pk 2
6510-203-5000	Adhesive plaster, surgical, 3 x 5 yd----	sl 2
6510-324-5500	Depressor, tongue, wood, 100s-----	bx 1
6510-337-3900	Forceps, gauze pad holding, straight----	ea 1
6515-349-3400	Needle, hypodermic, 20g, 12s-----	bx 4
6515-349-5400	Needle, hypodermic, 23g, 12s-----	bx 4
6515-380-4100	Syringe, luer, 10cc-----	ea 2
6515-385-3100	Tube, colon, surgical, 30 fr-----	ea 1
6515-385-3900	Tube, connecting, surgical-----	pg 1
6530-299-8265	Pitcher, clinical, 3 qt-----	ea 1
6530-663-1555	Pin, safety, 12s-----	cd 1
6530-663-1556	Pin, safety, medium, 12s-----	ed 1
6530-680-0124	Nozzle, rectal irrigating, adult, 12s----	pg 1
6530-770-6425	Bag, hot-water-ice-----	ea 2
6530-771-7025	Bedpan, CRS-----	ea 1
6530-780-7000	Medicine glass, 1 oz-----	ea 12

REQUIREMENTS FOR MEDICAL EQUIPMENT FOR FIELD WARD (ONE WARD)

Basis: 40 Men Per Field Ward

Multiply these requirements by number of wards required:

6530-782-2075	Irrigator CRS 2 qt-----	ea 1
6530-792-6000	Rod, Irrigating Supporting Telescopic Type-----	ea 6
6530-794-3220	Tube, Drinking, plastic, bent 12's-----	pkg 12
6530-794-4090	Urinal, Male patient, CRS-----	ea 1

APP E, LOs (Cont'd)

6640-418-0800	Clamp, Rubber tubing, regulating, screw adjustment-----	ea 2
6840-531-7883	Disinfectant, germicidal and fungicidal, concentrate, 1 qt-----	btl 1
724-772-5945	Pail, metal, CRS, 9 qt-----	ea 1
7920-772-5800	Brush, sanitary, bedpan-----	ea 1
7920-772-5935	Brush, scrub-----	ea 2
7510-281-5234	Pencil Wood cased, lead general writing w/rubber, 12's-----	pkg 1
8105-715-1000	Bag, soiled clothes, large-----	ea 4
7290-911-5075	Case, linen set, large (empty)-----	ea 1
7210-716-7000	Pillow, bed, feather-----	ea 6
6515-334-4300	Forceps, Hemostatic, curved, Rochester- Pen 6½ -----	ea 12
6515-334-9500	Forceps, Hemostatic curved, Pen 9"-----	ea 2
6515-363-8840	Scissors, Bandage, Angular, Lister 7½" --	ea 2
6515-334-7100	Forceps, hemostatic, straight-----	ea 6
6530-772-0326	Bowl, gauze pad-----	ea 2
6530-782-7150	Jar, forceps, 5 in-----	ea 2
6530-782-7400	Jar, surgical needle-----	ea 6
6530-793-8210	Tray, catheter-----	ea 1
	Cots, folding, field-----	ea 20
	Pillow cases, plasteric-----	ea 6
	Towels, bath-----	ea 10
	Wash cloths-----	ea 10

APP E, LOs (Cont'd)

Cans, 32 gals-----	ea 1
Immersion heaters, w/pipe-----	ea 1
Used IV bottles, 1000 cc, labeled	
NORMAL SALINE-----	ea 6
Intravenous injection sets,	
disposable-----	ea 6
Tissue, toilet, rolls-----	ea 4
Locker, foot, wood-----	ea 1
Oxygen equipment, nasal catheter,	
tank tubing -----	ea 2
Red Cross marker-----	ea 1
Phelan pump-----	ea 1
Table, folding legs, wood-----	ea 1
Tent, GP, large-----	ea 1
Flashlights-----	ea 8
Can, water, 5 gal-----	ea 2
Chairs, folding, metal-----	ea 1
Table, folding, lab, 72x27x30 in---	ea 1
Forms, Doctors orders, Nurses notes,	
Lab, etc-----	ea 50
Urine specimen bottles-----	ea 4

One Sketch of Battle Area showing Medical and "Combat Troop "  
locations;

	<u>Per FEBA</u> CCP in Operation	<u>Per Aid</u> Sta in Operation	Entire Field Ward Area in Exercise	<u>Per</u> <u>Exercise</u> (Admin- istrative)
<u>Drivers</u>	3	2	2	17
<u>Vehicles</u>				
Truck, util, ½ ton, 4 x 4, M38 A-1				12
Truck, cargo, 2½ ton, 6 x 6, M34	1			2
Truck, cargo, ¾ ton, 4 x 4, M37				3
Truck, ambulance, ¾ ton, 4 x 4, M43		2	2	
Truck, ambulance, ½ ton, 4 x 4, M718	2			
Water, trailer			1	2

Consistent with availability of rotary wing aircraft and landing sites in vicinity of CCP locations one rotary wing aircraft is required from 1000 hours through daylight hours on the day of the exercise. It is contemplated that the aircraft will land once in each four (4) hours period near each CCP and be loaded and unloaded with casualties at each site.

c. Trainee Equipment Requirements:

As specified by Unit SOP. Class "C" uniform; steel helmet, pistol belt, first aid pouch; canteen w/cover, and pencil.

d. References:

FM 8-10, dtd Nov 1959, w/change 1 and 2;

FM 8-15, dtd Nov 1961; TM 8-230, dated May 1961;

USAMIC Cir 350-2, dtd 6 Feb 63.

e. Training Objectives:

The trainee will know functions and interrelation of forward area medical support and perform aidman's duties in the forward area.

He will perform Corpman's Admission and Disposition and Field Ward Duties.

f. Lesson Outline:

NOTE: Instructional Method: Field Exercise.

NOTE: Troops are assigned to their initial tasks and "unit loaded" in their barracks areas 1/3 going directly to FEBA-CCP locations (28 per location);  $\frac{1}{2}$  directly to Bn Aid Station locations (28 per location) and 1/3 to Field Ward Locations (40 per field ward). Once troops are on locations, PIs or AIs will orient their group as indicated in par 2 below and proceed immediately with the exercise.

NOTE: No rest breaks are scheduled. Trainees will be permitted to visit latrines individually as required. "C" rations for the noon meal will be delivered on all training sites. PIs and AIs at locations interrupt the exercise 30 minutes for the noon meal. Breakfast and supper are served in barracks.

NOTE: The exercise must be scheduled for starting and completion during daylight hours. The following would be a typical mid-winter schedule for the exercise.

0650 - arrive by wheel transportation at locations.

0650 - 0715 - Secure and lay out supplies and equipment.

0715- 0730 - Introduction and orientation to terrain and medical installations, instruction on conduct of the exercise.

0730 - 1030 - Conduct of exercise.

1030 - 1045 - Trainees initially at wards are transported to FEBA-CCPs; those at Aid Stations to wards and those at FEBA-CCPs to aid stations.

1045 - 1200 - Conduct of exercise.

1200 - 1230 - Noon meal (interrupt exercise).

1230 - 1400 - Resume Exercise.

1400 - 1415 - Transport trainees from wards to FEBA-CCPS; from Aid Stations to Wards and from FEBA-CCPs to Aid Stations.

1415 - 1645 - Conduct of exercise.

1645 - 1700 - Clean-up sites - return equipment.

1700 - Return by transportation to barracks.

NOTE: The Primary Instructor, an officer from the military science branch (MSB) is charged with overall conduct of training and operation of the exercise and specially for the instructors and instruction carried out at the FEBA-CCP locations. His duties include providing all training aids, supplies, transportation, assignment

of Professional Science Branch (PSB) and Nursing Science Branch (NSB) Instructors to training sites (in coordination w/Chiefs of PSB and NSB; assignment of troops to vehicles for trip to and from Camp Bullis and shuttling between locations, delivery of meals to locations.

A PSB Officer will be responsible for the conduct of instruction at all Aid Stations; and will furnish all Aid Station Instructors.

A NSB Officer will be responsible for the conduct of instruction at all Field Wards; and will furnish all Field Ward instructors.

NOTE: At both the FEBA-CCP and Bn Aid Station locations, trainees acting as casualties will be provided with casualty card (to be worn) indicating graphically the nature of the wound and giving a description of the patient's condition. Ten or more wounds will be represented. At the Wards, Drs orders and Nurses Instructions will be issued for each of the 10 or more situations. Casualties and instructors will be furnished at all locations step-by-step check sheets for each of the casualty situations. AIs will grade all aidmen with assistance of casualties (using their check list). If the grades can be included in the final grades, they should be; if not grading should be performed anyhow but trainees must not be told that grades do not count.

- (1) Introduction (Given by PI at each Training Site, FEBA - CCP, Bn Aid Sta, Field Ward) (2 min).

Cover scope, reasons, and importance.

- (a) This is a medical treatment, care and evacuation exercise in which you will provide the medical support for combat troops in contact with a simulated enemy and field ward care for combat casualties at a rear installation.

- (b) Our purpose is to have you perform the duties of medical personnel at these levels of medical service.
- (c) You will apply most of the knowledge and skills you have acquired since entry into military service.
- (d) You will be graded on each phase of this exercise.
- (2) General Orientation (Given by PI at each training site, FEBA - CCP, Bn Aid Station, -- Field Ward. (14 min).
  - (a) You are now on the FEBA (Bn Aid Sta, or Field Ward).  
You will be at the FEBA - CCP for approximately 3 hrs; approximately 3 hrs at the Bn Aid Sta; and approximately 3 hrs at the Field Ward.

NOTE: Issue to each trainee 1 sketch w/grid lines, and North arrow of the Division area showing Major Terrain Features Division, Bn and Co Boundaries, FEBA Bn Aid Sta, and an indication of direction and distance to Field Ward. (Requirement is one (1) sketch per trainee.)

- (b) You now have a sketch of the battle area.  
You are at the FEBA-CCP Bn Aid Sta, or Field Ward  
at point \_\_\_\_\_. (IDENTIFY LOCATION ON SKETCH).

NOTE: The instructor using his sketch, will have students orient themselves and their sketches with the area, point out the location of:

- 1 Enemy and his directing attack.
- 2 FEBA.
- 3 Company Collecting Point.
- 4 Bn Aid Sta.
- 5 Field Ward.



(c) The 15th Infantry Regiment has the mission of defending this area. Two Battalions, the 1st and 2d, are committed to the defense.

(d) Administration and Safety

- 1 Smoking
- 2 Poisonous snakes and insects.
- 3 Duds
- 4 Heat injuries (Summer)
- 5 Cold injuries (Winter)

(3) Conduct of Exercise, FEBA-CCP (Approximately 3 hrs, repeated 3 times).

(a) General

After the MSB PI on each FEBA-CCP location has given the overall introduction and general orientation the PI, MSB, Assisted by MSB AIs, will conduct the exercise at the FEBA-CCP location in accordance with guidance set forth below.

(b) Orientation of trainees at FEBA-CCP by PI MSB.

NOTE: The PI MSB instructs the entire FEBA CCP group as follows:

- 1 Four companies, A and B, from each Battalion are defending this ridge. Co. B your Co. is on the right of the defending line, with 1st, 2nd and 3rd platoons in line from left to right. Each of you will also serve as casualties and at the same time will act as checker for your aidman. Casualties will occur here on the FEBA. All men will carry their own score cards.

NOTE: Issue score cards to the first group only.

- 2 You will treat casualties and act as casualties.  
Each casualty will wear moulage(s) or grease pencil marks indicating his wound or wounds.  
Each casualty will also wear green cards picturing their wounds and stating the situation, condition and symptoms of the casualty. When acting as aid man you will make proper entries on the Field Medical Card on each casualty you treat
- 3 If your casualty requires movement by litter only, you will get assistance from one of the aidmen working in your area. Usually an aidman who has treated a non-litter case will help the aidman next to him.
- 4 Duties of Aidmen - FEBA - CCP.

NOTE: The PI PSB at each FEBA - CCP location instructs the entire FEBA - CCP group as follows:

- a During the next 3 hrs (approximately) you will be here on the forward edge of the battle area known as the FEBA.
- b You will work as a two (2) man team during the next 3 hours.
- c Each of you will work as an aidman.

- d Each of you will also play the part of the casualty.
- e You will work at all times in a prone or crawl position until you get your casualty over the top of this hill and protected from small arms fire.
- f When serving as an aidman you will use some form of drag or carry to move your casualty to a relatively safer location that gives him and you more protection from direct fire while you dress his wounds.
- g When using these methods you will move back and forth taking advantages of all protecting cover moving in a zig zag movement whenever possible.
- h Only immediate emergency steps will be taken to save a life. When you the aidman and your casualty are not in an area affording cover from direct fire weapons.
- i The casualty that you the aidman will be giving emergency medical treatment to will be marked with a card attached to him. This card will clearly show you the type, size and complications of the wound, symptoms and condition of the patient.

- j Upon reaching the casualty you the aidman will read the card, locate the wound that is pictured on the card. This injury will also be marked on the casualty by the use of a grease pencil or moulage.
- k When treating a casualty on the FEBA before or after moving him you will use the emergency medical treatment step-by-step as taught.
- l Keep in mind that you are the aidman in a battle area. You do not have the Army Leg Splint. You do not have fluid replacements. This type of treatment will be given to the casualty when he reaches the Battalion Aid Station.
- m As aidmen, you will treat your casualties with material taken from your Field Medical Bag. You will be responsible for the Field Medical Bag, and the medical equipment that it should contain. However, you may improvise such material as a splint or tourniquet.
- n Every aidman will check his assigned Field Medical Bag before going to render emergency medical treatment on the FEBA.

o There will be time when you the aidman will need to request for a medevac or dust-off for one or more of your casualties for an emergency evacuation. When this time arises, you will indicate to your AI this method of evacuation, and

- 1) You will report that you have a seriously wounded man,
- 2) the type of wound,
- 3) location of your position on map,
- 4) anything to use or any other assistance needed,
- 5) you will state the priority class for the patient 1, 2, 3 or 4.

NOTE: AI MSB will simulate placing a radio call for assistance requested.

f When the dust-off chopper is in route to your location, the pilot will radio before coming into land and ask you to mark your pick up spot with a smoke bomb. He will also ask you to make sure he has at least 300 meters of secured area to land in.

q An aidman should not request a dust-off or medevac unless you have an urgent emergency evacuation. If normal evacuation is by helicopter, dust-off or medevac could still be employed for emergency cases.

5 Duties of casualty-checkers, FEBA-CCP.

NOTE: The PI MSB instructs his FEBA-CCP group as follows:

When playing the part of the casualty, you will act the part.

- a You should know the treatment required as well as the aidman; but you have a check list against which to check the aidman who is treating you.
- b You will not tell or show the aidman the correct treatment or steps to follow. You will let the aidman make his own decisions, not correcting him. You will assist the PI or AI in grading the aidman on applying correct emergency medical treatment at the end of the evacuation to the CCP.
- c The primary instructor or the assistant instructor will also have the same check lists you will have.
- d You the casualty will not be graded on the treatment your aidman gives you.

- 6 Prior to departure time (for each group) from the FEBA, PI MSB will conduct a short critique of the overall operations held on the FEBA - CCP.

(4) Conduct of Exercise, Battalion Aid Station

(a) General - After the PSB PI at each Aid Station

has given the overall introduction and general briefing,

PI PSB, assisted by the AIs PSB will conduct the exercise at the Aid Station in accordance with the guidance set forth below.

- (b) Orientation of trainees at the Aid station by  
PI MSB and PI PSB.

NOTE: The PI MSB instructs the entire Aid Station group as follows:

- 1 Four companies A and B from each Battalion (2) are defending the ridge to own front (POINT). This aid station furnishes aid to casualties from the second battalion deployed in this area (POINT).
- 2 During the next three (3) hrs (approx) each of you will serve as Medical Aidmen in this Battalion Aid Station. You will also act as casualties and at the same time serve as checkers to check the treatment you receive from your aidman.
- 3 Each casualty will wear casualty card moulage(s) or grease pencil marks indicating his wound or wounds. Each casualty will also wear green cards picturing their wounds and stating situation, condition and symptoms of the casualty.

NOTE: Instructor displays a card.

- 4 When acting as aidman you will make proper entries on the field medical card on each casualty you treat.
- 5 Each of you, whether acting as casualty or aidman, will carry your own score cards which will be scored only when you are aidmen.

NOTE: Issue score cards to the first group only.

- 6 Duties of the aidman at the Battalion Aid Station.

NOTE: The PI PSB instructs the entire Aid Station group as follows:

- a Here as at Battalion Aid Station, you will be working as a two (2) man team for the entire three (3) hours approximately, that you are here.
- b When acting in the role of an aidman, you will check the green card that will be attached to your casualty showing his condition and previous treatment. You will notice very closely the treatment he has already received, given by the aidman on the FEBA.
- c Keep in mind you are not the aidman on the FEBA working under battlefield conditions with limited supplies. You are an aidman working in a fairly safe area in a Battalion



with limited supplies. You are an aidman working in a fairly safe area in a Battalion Aid Station where you do have a moderate amount of supplies. Usually you have a doctor at the aid station. At the aid station you give more complete treatment than on the FEBA.

EXAMPLE: You are able to remove improvised material from a casualty and use the issued material that is required such as a basswood splint, in place of an ordinary stick.

- d You will be removing field dressing. You will be applying dressings and roller bandages.
- e You will be giving fluids (simulated).
- f You will be splinting with issued splints.
- g You will simulate giving antibiotics, tetanus toxoid, and penicillin to prevent or treat infection.
- h You will record all treatments given on the casualties FMC.
- i When you have completed the required treatment you will position your patient, and place him on a priority listing for evacuation.
- j You will unload casualties from and load them into casualty carriers.

k In treating casualties you will use materials from the surgical instrumental supply set, field, dispensary type, normally available at Battalion Aid Stations.

l You will make entries on FMC for each casualty where treatment is required at the Battalion Aid Station.

7 Duties of Casualty-Checkers, Battalion Aid Station.

NOTE: The PI PSB instructs the entire Aid Station Group as follows:

- a When you play the role of a casualty you will have a moulage placed on you or will be told to place one on yourself.
- b You may be marked with a grease pencil to indicate the place and size of your wound. When playing the role of a casualty, you will act the part, practicing out the symptoms.
- c You should know the necessary treatment required as well as the aidman treating you; but you will have a check list against which to check the aidman who is treating you.
- d You will not tell, show or try to instruct the aidman in his treatment or steps to follow. You will let the aidman make his own decisions and will not correct him. You will assist the PI or AI in grading the aidman when asked by the PI or AI for your observations.

e The PI and AI will have the same check lists as the casualty-checkers.

f The casualty-checker will not be graded on the treatment he receives from his aidman.

8 Preliminary Duties of the Pro Science Instructors, Battalion Aid Station.

a The Pro Science PI will be responsible for all phases of treatment given by the aidman or medical teams working within the Battalion Aid Station.

b It will be the duty of the Pro Science PI to make sure that all students assigned to the Battalion Aid Station thoroughly understand the role they will play during the exercise.

c It will also be his duty to notify the MSB instructor of any shortage of equipment needed to fulfill his mission during the operation of the Battalion Aid Station.

9 Prior to departure time (for each group) from the Aid Station, the PSB PI will conduct a short critique of the overall operations held at the Aid Station.

(5) Conduct of Exercise, Field Wards

(a) General: After the NSB PI at the Field Ward has given the overall introduction and general briefing, the PI NSB assisted by the AIs NSB will conduct the

exercise at the Field Ward in accordance with the guidance set forth below.

- (b) Orientation of trainees at the Field Ward by PI NSB.

NOTE: The PI NSB instructs the entire Field Ward group as follows:

- 1 This Field Ward is part of a rear area Medical Installation serving the 15th Infantry Regiment and other front line units. This Field Ward might be in any rear area medical installation receiving casualties from the battle area. The elements of the medical support unit other than the Field Ward are not represented here -- just the Field Ward.
- 2 During the next three (3) hours (approximately) each of you will serve as casualties and as corpsmen to the casualties in the Ward. As casualties you will serve also as checkers to check the treatment you receive from corpsmen.
- 3 Each casualty will wear moulage(s) or grease pencil marks indicating his wound or wounds. Each casualty will also wear cards picturing their wounds or other ailments and stating the situation, condition and symptoms of the casualty.

NOTE: Instructor displays a card.

- 4 Each of you, whether acting as casualty or corpsmen will carry your own score cards.

Score cards will be scored only when you are acting as aidmen.

NOTE: Issue Score Cards to the first group only.

- 5 In addition to your ward duties you will serve as litter bearers to unload casualties from ambulances and rotary wing aircraft and load them onto the same conveyances; and will perform the A and D duties for your casualty.

6 Duties of Corpsmen at the Field Ward

NOTE: The PI NSB instructs the entire Field Ward group as follows:

- a Here at the Field Ward, you will be working in pairs as a team during the entire three (3) hours approximately that you are here.
- b When acting in the role of corpsman, you will check the card that will be attached to your casualty. This card will show not only the patient's condition and previous treatment but will continue the Doctor's or Nurse's instructions for care or treatment that you will give the patient.
- c When acting as corpsman, you will follow the Doctor's or Nurse's instructions, performing the care or treatment ordered.
- d Corpsmen will keep all normal records of treatment and care they perform. Corpsmen will fill out A&D records on their patients

APP E, LOs (Cont'd)

(After patients have been taken to Wards)  
and will return records to A&D.

- e Forms requesting laboratory work will be filled in by the corpsman who will take them along with "specimens" to the table marked "Laboratory," and will leave them there.
- f Likewise, corpsmen will take patients to the simulated X-ray room filling out the forms and leaving the forms at "X-ray."
- g In some instances attendants will be required to perform pre-operative care.
- h All appropriate treatment will be prescribed as will certain care. You will perform this care and treatment. At the same time there is some care and some attention to the comfort needs of the patient which you should give the patient on your own initiative.
- i In caring for and treating patients you will use materials available in ward supplies.
- j You will of course simulate those treatments and that care which were simulated during your previous instruction.
- k You will be graded on all of your work here.

I Duties of Casualty-Checkers, Field Ward

NOTE: PI NSB instructs the entire Field Ward group as follows:

- a When you play the role of casualty you will have a moulage placed on you or will be told to place it on yourself; or will be marked with grease pencil to indicate location and extent of wounds; or you may have no wounds in which case you will receive written indications of your illness and symptoms.
- b When acting as casualty, you will play the part, acting out the symptoms.
- c You should know the necessary treatment required as well as the aidman treating you; but you will have a check list against which to check the corpsman who is treating or caring for you.
- d You will not tell, show, or try to instruct your corpsman in his treatment or steps to follow. You will let the corpsman make his own decisions and will not correct him. You will, however, assist the PI or AI in grading the corpsman when asked by the PI or AI for your observations.
- e The PI and AI will have the same check lists as the casualty checkers.

- f The casualty-checkers will not be graded on the care and treatment they received from the corpsman with whom they were paired.
- 8 Preliminary duties of PIs of MSB, NSB at the Field Ward
  - a The PI MSB will be responsible for erection of tents, and seeing that facilities outside the tents are present and ready for use. Example, ambulance, water trailer etc. He will be responsible that all equipment of every sort required inside and outside tents is available.
  - b The PI NSB will be responsible that the ward and all facilities for care and treatment given by corpsmen within the tents are ready for use of patients and attendants.
  - c The PI MSB will be responsible that make-up facilities (moulages, grease pencils), dressings, bandages, splints and etc necessary to prepare patients are in place and ready for use. He will also be responsible for making up (generation) or casualties and flow of casualties outside of wards.
  - a PI, NSB will report any shortages to the PI, MSB.
- 9 Prior to departure time (for each group) from the ward, the NSB PI will conduct a short critique of the overall operations.



Unclassified

Security Classification

DOCUMENT CONTROL DATA - R & S		
(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified)		
1. ORIGINATING ACTIVITY (Corporate author) Human Resources Research Organization (HumRRO) 300 North Washington Street Alexandria, Virginia 22314		2a. REPORT SECURITY CLASSIFICATION Unclassified
		2b. GROUP
3. REPORT TITLE  INSTRUCTOR'S GUIDE - DESCRIPTION OF COURSE AND LESSON OUTLINES		
4. DESCRIPTIVE NOTES (Type of report and inclusive dates) Research By-Product		
5. AUTHOR(S) (First name, middle initial, last name)  Joseph S. Ward, Nelson I. Fooks, Richard P. Kern and Robert D. McDonald		
6. REPORT DATE February 1969	7a. TOTAL NO. OF PAGES 826	7b. NO. OF FIGS 0
8a. CONTRACT OR GRANT NO. DAHC 19-69-C-0018	9a. ORIGINATOR'S REPORT NUMBER(S)	
b. PROJECT NO. 2Q062107A712		
c.		
d.	9b. OTHER REPORT NO.(S) (Any other numbers that may be assigned this report)	
10. DISTRIBUTION STATEMENT  This document has been approved for public release and sale; its distribution is unlimited.		
11. SUPPLEMENTARY NOTES Work Unit SUPPORT II: A Study of Effects of an Integrated BCT/AIT Sequence on Medical Corpsman (MOS 91A10) Training Program		12. SPONSORING MILITARY ACTIVITY Office, Chief of Research and Development Department of the Army Washington, D.C. 20310
13. ABSTRACT  This By-Product is an Instructor's Guide, containing the Description of Course and Lesson Outlines, covering some 704 hours of instruction for:  A. An Integrated Modified BCT/AIT Program for Conscientious Objectors (COs) in Training for Medical Corpsmen, MOS 91A10  B. An AIT Program for all Medical Corpsmen, MOS 91A10  C. A Modified BCT Program for COs (1A0).  The principal information contained in the Instructor's Guide concerns (a) the physical requirements, (b) the training objectives, and (c) the detailed lesson outlines for each period of instruction in the three courses.		

DD FORM 1473  
1 NOV 65

Unclassified

Security Classification

